# California State Journal of Medicine.

Published Monthly by the
Medical Society of the State of California

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**Communications on subjects of interest to the profession are invited. The "Journal" is not responsible for the views advanced by correspondents. Address letters relating to the "Journal" to the publication office, Room 1, Y. M. C. A. Building, San Francisco.**

APRIL, 1904.


## NOTICE OF REMOVAL.

**The Publication Office of the State Society is now established in Room 1, Y. M. C. A. Building, corner Ellis and Mason Sts., San Francisco, where letters should be addressed and where visitors will be welcomed. Take elevator; entrance on Mason Street.**

## EDITORIAL NOTES.

**ATTEND THE MEETING.**

Every member of every County Society is a member of the State Society and should attend the meeting this month at Paso Robles. While every member should attend, of course there are a good many who cannot. But there are a lot of men who can do so, though they think they cannot. To all such this word of advice is addressed. Do not harbor the idea that you cannot attend the meeting just because you are not a delegate from your society. Every member of every county society is entitled to his place at the meeting, and should be there to fill it. It will do you lots of good in more ways than one. You will hear a number of papers that will give you new ideas, and you will impart some of your own good suggestions to other physicians. You will meet a large number of your fellow-workers, become better acquainted with them, and enjoy the association and the friendship that will result. The change and rest will be just what you need after a hard winter's work, and you will return home after the meeting feeling as though you had been away for an additional summer vacation. Don't worry too much about those patients. Probably you can leave them with safety, though you may not think so. Remember the parting advice of the professor of practice of medicine to his graduating class: "Gentlemen, when you get to fretting too much about the serious condition of some patient, remember that God is good—that 19 patients out of 20 get well, anyhow!"

**HEALTH OFFICERS.**

State, County and Municipal health officers should not forget the meeting of the Association called at Paso Robles for the 18th of April. This is the day before the State Society assembles and there is no reason in the world why there should not be a large attendance of these officials and an exceedingly profitable meeting. A number of excellent papers and talks have been arranged and it is believed that the meeting will be very well worth attending. And, further, it is really the duty of these officers to get together and come to a good understanding of the many topics which they have to discuss. Their labors are of vital interest to the health of the community and they should agree upon a common basis for many lines of work. It is earnestly hoped that there will be a large attendance at this meeting.

**ILLEGAL PRACTITIONERS.**

Your careful attention is called to the statement from the Board of Examiners printed on page 132. It may be said at once that practically all of these arrests and prosecutions are directly due to the energy and the perseverance of the President of the Board. Great credit is also due the District Attorney's office, and Mr. McGuire, attorney for the Board of Examiners. One of the weak points in the medical practice law has been corrected through the initiative of the President of the Board, who swears to all complaints and warrants. This is by no means obligatory under the law. Nor is it required under the law that the Board shall take these actions, or that members of the Board shall aid in getting evidence on which to base arrests and prosecutions. It is, however, necessary that someone shall do this work, if it is to be done, and the profession seems to clearly recognize the fact that it must look to the Board of Examiners for such service. The JOURNAL, for one, does not hesitate to proffer its sincere thanks. The work has not been easy, for opposition has often been encountered where aid should have been extended. A man's friends or relatives, or his otherwise spotless reputation, have no bearing upon the question as to whether or not he is an illegal practitioner. The fact may be clearly and unmistakably determined by the answer to a single question: Has this practitioner a license or certificate from the Board of Examiners? If not, he is an illegal practitioner, and if he is practicing

medicine he is doing so in open violation of the law, and should be arrested. There can be no argument or discussion; it is not a matter of opinion, but a matter of fact. Sympathy does not enter into the question, nor should friendship; nor does personal animus. The public, whose servants we are, should be protected; every man who is violating laws intended for the public protection, should be arrested, and that promptly.

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**ENFORCE THE LAW.**

For many reasons the work of the Board in prosecuting illegal practitioners has been slow. Every trick of the law has been used to interfere with the work; and this by those who should be with us and not against us, as well as by the recognized quack. But on the whole, good progress has been made and the law is by no means a dead letter. The contention that the law should not be enforced simply because its constitutionality has been questioned, is absolutely absurd. The law remains until it is wiped out, and the mere fact that the Supreme Court is considering its constitutionality does not legalize the status of the illegal practitioner. Practically all of the corporations, railroads, steamship companies and health boards have recognized the value of enforcing the law, and have, at the request of the Board, dismissed illegal practitioners. Two exceptions may be noted. One is the Equitable Life Assurance Co., whose medical referee in this locality is an unlicensed physician. The matter was called to the attention of the company, but it is reported that they have decided to do nothing in the matter, taking the ground that this physician does not practice medicine and so does not come within the provisions of the law. This may be technically correct, but is it professionally and ethically right? Does it gratify your sense of right dealing to contemplate this lack of respect toward the standards which you have said shall apply to medical men in your state? Is this corporation so big, so powerful, so rich, so influential in this state that it can with safety and immunity disregard the respectful behest of your representatives—the men you have chosen to stand for you in the protection of the public and the enforcement of the law? Think about it. It is the principle involved, the support given to other persons who are not licensed, and who do practice medicine—illegally.

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**THE OTHER EXCEPTION.**

In a state institution presided over by the president of one of our county medical societies, is a physician who has no license to practice. Here is a man who is employed by the state and is caused, by virtue of such employment, to violate a state law! The state aiding and abetting in the open and continuous violation of its own law! That is certainly a good (?) example to set. The Board of Examiners notified the proper state officials, but the request that the law be enforced was ignored. In some correspondence relating to the prosecution of another illegal practitioner, occurs the following quotation from a letter written by the superintendent of the institution above referred to, to the district attorney of another county:

"Further, one of the graduates of the P. & S. is one of my assistant physicians in the ———. A complaint was made to the Governor and to the State Lunacy Commissioner against him. This man wrote to the President of the Board of Medical Examiners a letter of inquiry simply asking when the next meeting of their Board would take place. * * * He went before the Board, took the examination and was turned down. The matter was referred to the Lunacy Commission at which session there was present Dr. F. W. Hatch, Superintendent of State Hospitals; W. S. Melick, Secretary of State Board of Examiners representing the Governor; U. S. Webb, Attorney General, and C. F. Curry, Secretary of State; also Dr. N. K. Foster, Secretary of State Board of Health. Their decision was that inasmuch as the constitutionality of the law had been called in question and the matter was before the Supreme Court for adjudication that the matter be left 'statu quo' until that decision was rendered."

That seems to be truly a Solonic decision! On the same line of reasoning it would seem possible to commit all the murders you cared to, should some one only question the constitutionality of the criminal law. There's aid and encouragement, with a vengeance!

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**HELP OR HINDRANCE.**

Either the law should be upheld or it should be done away with. If it is good, then you should aid in carrying it out and enforcing it, and not allow obstacles to be placed in the way of those who endeavor to do their duty. The fact that a conviction has been secured in every case prosecuted before a jury by the Board, is evidence that its method of procedure is both good sense and good law. It seems almost unbelievable, but the Board reports that its work has been hindered very greatly by licensed members of the profession. Some of these, by letters and verbal requests, and through professional and political influence, have endeavored to upset the work of the Board and prevent certain arrests and prosecutions. Is this sort of thing fair or right? Are you going to tolerate it? If you are—if you are going to permit of "exceptions"—then let us try to do away with the law altogether. In at least one instance several men of prominence in the community, professors in medical colleges, a State

official and even a *member of the Board itself*, went so far as to suggest measures by which the ends of the law could be defeated; and this in spite of the overwhelming evidence in the hands of the Board, and the confession of the defendant! Does that meet with your approval? A member of the Board—a man appointed to carry out the law—one sworn to obey the law and safeguard the interests of the people of California, actually suggesting how the law might be infracted! Would it not be a nice state of affairs if all the members were of the same stripe? There is another thing. Some doctors are aiding illegal practitioners to evade the law by harboring them in their offices, or using them as cappers, and in case of arrest go into court and swear that the defendant is merely a student or office assistant. The courts of many states have decided that the only professional position open to an illegal practitioner is that of hospital interne. Does this sort of thing meet with your approval? It certainly has not found favor with juries in San Francisco.

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**SOCIETY JOURNALS.**

Elsewhere in this issue the subject of State Society Journals is discussed at some length. If one may judge of the general feeling throughout the state by the expressions that various members of some fifteen county societies have made to the editor, California physicians decidedly approve of the journal plan. The question will soon confront the newly amalgamated New York Society. At last the obstructionists in that State, in both the Society and the Association, have given way, and union will be an accomplished fact very soon—as soon as the county organizations can act, and many of them have already ratified the agreement. Shall the Society then carry on the Association's journal? The *Buffalo Medical Journal* discusses the question, in a recent issue, and urges that the journal (of the Association) be discontinued and the old series of annual transactions (of the Society) kept up. The Society has published its Transactions for nearly a hundred years and this seems to be the principal argument for continuing to do so, and ceasing to publish the journal. It is also claimed that copies of a journal become lost or destroyed and then members have not a complete record. The further question of greater expense is about the only other argument adduced to support the plea for discontinuing the journal, when the Society shall have absorbed the Association. How puerile these arguments seem, when compared with the reasons for a State Society publishing a journal! It is reasonably safe to say that the New York Association could not have attained nearly the size, and the influence which it has secured, without its journal. It is also safe and conservative to prophesy that the profession in that State will not be well or fully organized if the journal is discontinued. Twelve messages a year to each member are worth a whole lot more than one; more than twelve times as much as one delayed volume of "Transactions" which nobody thinks of reading. They may look well on the library shelves—but so does a file of bound journals. There does not seem to be any good reason why the volumes of journals cannot be bound and added to the "nearly one hundred volumes of Transactions." Certainly, in the State Society journal one does not find a *paid reading* notice following a grave editorial in the editorial pages, as is the case in the very journal making the argument against State Journals, the *Buffalo Medical Journal*.

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**TO INVITE THE A.M.A.**

One of the important matters to come before the State Society at the Paso Robles meeting will be an invitation to the American Medical Association to hold its sessions in California next year. Oregon and Washington are also making overtures in the same direction, and the *Journal of the A. M. A.* has editorially referred to Oregon's proposed invitation, stating but little probability exists that the meeting will be held on the Coast for some years to come. The objections given do not appeal to the JOURNAL as reasonable. One is that the distance is too great and the time necessary to make the trip cannot be spared by the busy Eastern doctors. By careful computation it may be demonstrated that the distance from the Missouri to the Pacific Coast is practically the same as from the Pacific Coast to the Missouri; and while it is true that more members of the Association live to the eastward than out this way, it cannot be proved that their time is of greater value than is that of the Westerners. If a Chicago man, for instance, cannot spare the time to attend the meetings of the A. M. A., he would be as unlikely to visit the Atlantic Coast as the Pacific. A cordial and hearty invitation to the Association to come out to the land of sunshine and flowers would be accepted by hundreds who know the delights of a sojourn here through experience, and by other hundreds who would be glad of an opportunity to come.

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**LEGALIZED BLACKMAIL.**

A most aggravating case of malpractice suit without reasonable foundation in fact, based upon ridiculous claims and supported by testimony and "expert evidence" of all sorts—though mostly bad—has pestered a member of the Society for more than five years. At the first trial, the jury stood eight for defendant and four for plaintiff. At the second trial the defendant won. But appeal was taken and the Supreme Court has

very recently, though after two years consideration, reversed the verdict and ordered a new trial, all because text-books etc., were introduced in the trial, and these, the court holds, are hearsay evidence and should not be admitted. So the weary work is to be gone over again. The trouble and anxiety, to say nothing of the thousands of dollars already spent, count for nothing; the courts will allow the imposition to continue and require the spending of more thousands of dollars. Here is food for thought. We are becoming a strong organization and certainly possess a large potential strength. Can it not be exerted? Should there not be some much-needed legislation, when conditions are such as to permit this sort of thing to continue? The medical profession is regarded as legitimate prey by certain elements in the community, and if the doctor has any property, if he is worth suing, the slightest imaginary pretext—or no pretext at all—is taken on which to base what is called a "malpractice suit," but what is really a hold-up. The vast majority of such suits are filed with the idea that the victim will compromise; often he does. But Dr. Kreutzmann is not of that stuff; he has fought the suit, and will fight it to a finish. The JOURNAL would suggest to the Committee on Legislation that here is material ready to its hand.

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**UNJUST ATTACK.**

Careful examination of the suit against Dr. Kreutzmann and the facts recorded in its connection, fails to reveal the slightest ground for the plaintiff's contention. The patient was examined and diagnosis of ovarian cyst made. Six months later she was again examined, the tumor existed, and operation was decided upon. The abdomen open, it was found that the uterus was enlarged and presented a fecund appearance. Pregnancy could not be positively excluded, so the abdomen was closed and nothing further was done. Six months later, one of the witnesses testified, the tumor was reduced in size and the patient very much improved. At the trial she was the picture of health and had recovered from that for which she sought relief in the first instance. Yet in spite of these facts, the suit went forward and reputable physicians permitted themselves to appear and testify against the defendant. It is alleged that personal feeling, or, rather, ill-feeling actuated some of the witnesses for the plaintiff. Of this we have no knowledge, but if it is the case, it seems to the JOURNAL that the Society should step in and protect its members from such unjust attacks. The final consideration always should be the net result to the patient; if the patient is improved by what the physician has done or has not done, he is certainly justified in his judgment. The whole life experience of the doctor is made up of exercise of judgment, and if his acts are in the main right, or if the results of his acts are to the benefit of the patient, he should be protected by his fellow-practitioners. He who attempts to injure a brother practitioner, unjustly attacked, often injures himself more than the defendant. We, as a Society, certainly should stand for harmony, coöperation and protection of ourselves and of each other.

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**PURE MILK.**

"The registration of all dairies" is the first in the list of desiderata suggested by the Department of Agriculture in its pamphlet on the "Milk Supply of 200 Cities." The second suggestion is that there should be "Official indorsement of properly conducted dairies." It is to be noted that there is no suggestion of attacking the bad dairies; the fact seems to be recognized that better results may be brought about by commending the good thing than by striking at the bad thing. All the suggestions are most excellent, as applied to milk; they are equally excellent as applied to drugs and medicines, which are notoriously in a demoralized condition. As things stand now, anyone except a doctor and a druggist may on the one hand prescribe, and on the other sell and prescribe, drugs and medicines, with safety from legal interference. Any old rascal, charlatan or ignoramus may make up what he pleases, call it what he will, and delude whom he may into thinking it what it probably is not—something good, useful or to be prescribed. He may (and does) make "official" preparations from worthless material, as the reports of state and national committees on adulteration have been showing for years. He may do this with perfect safety, for he is under no legal restraint nor control, nor is he responsible to anyone for those he kills or allows to die under the administration of his worthless stuff. Why not go beyond the milk stage and apply a little of the principle of "registration" and "official indorsement" to those things that are at least as important in the conservation of human life as is milk? Why not say that the worthless 90 per cent of crude drugs imported into this country to be made up into medicines for "home consumption" shall find some other consumers? Some day we shall wake up.

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### ANOTHER OPINION ON ADVERTISING.

This JOURNAL, in its February number, quoted the editor of the *St. Louis Medical and Surgical Journal* as saying, anent the advertisements of "proprietary medicines": "We have many, and hope to get more."

There must be some definite relation which an editor bears to his subscribers, and a definite way in which he thinks of them. This is necessary, for he has, in some way, to please them to keep their

patronage. How does this editor of the *St. Louis Medical and Surgical Journal* think of his subscribers and what sort of subscribers has he? If we look over the advertisements in any of the ordinary medical journals that are given us, and in not a few of those that we pay for, we are struck, primarily, by the happy optimism of them all. This optimism goes beyond the limits of reason in most of the items and well beyond the truth in many. In some instances a downright lie is plainly printed. Now these advertisements form part of the journal for which the subscriber pays; they are sold to him with the rest of the printed matter with which they are bound. It is the hope of the advertiser, in which the editor must share—for their interests are identical in having the advertisements profitable—that subscribers will read the advertisements, will believe the statements made in them, and buy the goods exploited.

The medical profession as a whole is a fairly well educated body of men with a good knowledge of the sciences collateral to medicine. They are able to discriminate between what is true, what is plainly absurd and what is obviously fraudulent. If the subscribers of a medical journal are *not* able to so discriminate, still no editor would dare to tell them so on his editorial pages. But when he sells them statements about proprietary medicines which cannot stand intelligent scrutiny, he is practically saying to them: "You are a set of ignorant, gullible men; believe what my advertisers say, buy their wares and pass the fraud along." If the editor printed this on one page, he would insult every subscriber. He equally insults him if he prints what is tantamount to this on other pages. For it is an insult to any physician's intelligence to have put into his hands, and be made to hold there if he holds the medical journal, statements about drugs and combinations of drugs that are manifestly absurd or fraudulent.

There is another thing to be noticed about advertisements; many are illustrated, the illustrations being intended to attract attention by being bizarre or grotesque. This is following the custom of the army of advertisers who endeavor to secure attention to soap, whiskey, automobiles, cigarettes, etc., etc., by supposedly apt or attractive illustrations. Now, usually, the thing that requires extensive advertising of this character is pretty poor stuff. The illustrations of this sort that are made part of many medical advertisements to a certain extent stamp the articles as unable to stand on their own merits and as needing extraneous bolstering and support. Moreover, they can only reach the unthinking man, who would be guided by what struck his fancy rather than by what appealed to his judgment. Why should an editor, who would not dare to say on his editorial page: "My subscribers are a pitiful lot, whose actions can be swayed by the influence of contemptible and silly pictures," say just the same thing on his advertising pages, by allowing such pictures there? Such an editor, very possibly, belongs to the class that accepts the celluloid desk ornaments and writes, in his patients' houses, prescriptions for proprietary mixtures, using a pencil presented by the manufacturer of the mixture.

The JOURNAL has been not a little shocked by the frankness of the editor of the *St. Louis Medical and Surgical Journal*. It has to acknowledge the financial assistance that comes from advertising pages well filled, but it is facing a deficit in its accounts because it has flatly declined certain lines of advertisements that are financially profitable; it considered them to be unfit to offer to intelligent and reputable subscribers, and to the members of the Medical Society of the State of California, who are its owners. This JOURNAL looks with surprise at the advertising pages of many journals, the editors of which would repudiate the insinuation that they could ever prescribe for their own patients the concoctions which are boastingly advocated in their advertising pages.

The JOURNAL does not know the editor, nor has any attention been given the advertising pages of the *St. Louis Medical and Surgical Journal;* but if that journal has printed any of the advertisements that this JOURNAL has refused, it believes that its editor must consider that he can serve up any sort of material he chooses to his subscribers, confident that they are too ignorant to understand that a definite effort is being made to impose on them, and that he can attempt to draw attention to what *should* be a statement founded on scientific fact by some idiotic picture which he thinks will please their feeble minds.

In brief, a medical journal should edit its advertising pages with the same care that is given to the editorial pages themselves. If it does not do this, it is aiding the debauching of the simpler members of the medical profession who believe all the statements of all the advertisers. If it does not do this it is insulting the intelligent, by offering them for perusal, together with the reasonable announcements of responsible commercial houses, a collection of inconsistent, unbelievable and often fraudulent statements. *Furthermore, it is stultifying the advertisements of good things by putting them in the same journal with the advertisements of the bad things.*

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**Plague Case No. 118,** occurring in an Italian housewife, has been bacteriologically confirmed, according to the report to the P. H. & M. H. Service, by Dr. Rupert Blue. The report for the previous week confirms the diagnosis in cases 115, 116, and 117; respectively the daughter, father and mother of an Italian family. In the case of the father, the disease was of the pneumonic form. Up to the time of going to press, case 118 is the last recorded.

## ORGANIZATION AND THE ASSOCIATION JOURNAL.*

By PHILIP MILLS JONES, M. D., San Francisco, Cal.

"How long will it last? What is going to keep the men together when they are organized?" These questions have been repeatedly asked of the writer, in the course of his organization work amongst California physicians, and he has necessarily given the matter much careful thought. The answer is not so difficult to find, if we stop and think why organization is progressing so rapidly. It is, obviously, because a lot of energy is being put into the work by a comparatively small number of men, scattered throughout the country. If an equal amount of energy is continuously put into the work, after organization is well accomplished, it will be maintained. In this world you get just about as much out of a thing as you put into it. You get mighty little for nothing. Granted a fully organized state medical society that sits calmly down and does nothing for its members, and in about two years it will have woefully shrunk. Given the same society constantly at work for its members, producing what they want and protecting them in every way that it can, the society feeling will remain strong and the organization will not lessen in numbers. An object lesson may perhaps be permitted. In California we give our members, annually, a Register and Directory of all physicians within the state; to non-members this book is sold for $2.50; we give them a monthly JOURNAL; to non-members the subscription price is $3.00. Thus a member receives that which has a face value of $5.50 in return for his dues to the county society; in all but three or four cases these dues are but $2.00 a year. The next problem is to make these publications actually worth their face value. The Register may be conceded; it is certainly worth $2.50. There remains the JOURNAL, and this must be made so valuable to the physicians of the state that they would find it difficult to get along without it. It must be, first of all, *the* news-distributer of the state and must devote its first effort to getting news of county societies and their official transactions. It should be ever watchful of the whole state and country for those items which will be of greatest interest and benefit to the members outside of the larger cities. It should look steadily at the man who does *not* take half a dozen journals, but who is nonetheless a most important member—if not *the* most important member—of the society. That is the policy outlined by your editor and the policy which has been accepted by the journal of our far Western state.

But why cannot a private journal, publishing the State Association matters officially, do just as well? For a number of reasons. In the first place, such a journal, the official organ of the organized members of the greatest of the learned professions within a given territory, should be absolutely and exclusively under the control of the professional organization itself. It must be absolutely free and independent, and this can never be if it is the property of some individual or company and not the property of the State Association. Any individual or company publishing a medical journal does so for but one thing—profit. Such being the case, and I think it may stand without discussion, dollars will ever be the first, rather than the last consideration. Right, too much under the influence of dollars, is very liable to take on a somewhat peculiar and mottled appearance, and the elasticity of rules or ethical provisions is apt to be somewhat stretched. Now while dollars should by no means be ignored in conducting a State Association journal, they should be the last and not the first consideration when any question of policy, of ethics or of professional conduct is to be considered. The State Association should have a mouth-piece (its journal) and through it should speak at all times to its members. It should speak with profound courage and utter straightout truths for the help and the guidance of its members, and for their protection. That a State journal may do these things and may adhere strictly to the right path in the matter of its advertising, and still build up enough productive pages to pay, has been demonstrated.

"It is equally derogatory to professional character for physicians to dispense or promote the use of secret remedies." That ethical principle is embodied in the document which was unanimously adopted, amidst great applause, at New Orleans last year. It is still in effect, I believe, yet it is weekly violated by almost every medical journal published in this country. There are some half-dozen exceptions. That medical journals "promote the use of secret remedies" when they advertise them to their readers, is incontrovertible; that they violate this principle of ethics in doing so, is equally beyond contention.

See where the influence of the State journal comes in. I am fully conversant with the facts in California, so will cite that territory as an example. The biggest medical weekly in the world, and the "greatest advertising medium for proprietary medicines in this country", reaches something under 500 doctors in California. The STATE JOURNAL, on the other hand, reaches over 1,500 doctors, and what is more, the STATE JOURNAL is *their* journal and they take an active interest in its every page and utterance. Doubtless conditions in Kentucky are about the same, and the *Association Bulletin* reaches several times as many doctors as does the *Journal of the A. M. A.* Its influence will therefore be several

(* Written for the *Bulletin of the Kentucky State Medical Association.*)

times as great as is that of the larger journal, and it should be always, as it is now, for the best and for what is right, irrespective of any commercial influence. The State Association journal is more than a medical journal; it is the means of communication among the members of a large family. It is the organ of the county society as well as of the State Association, and as such comes so intimately into relations with every member that its influence cannot but be great.

It has been said that to speak the fearless truth is a luxury that few can afford. This may be true. Certainly it entails trouble to the speaker. But ought not a great and powerful organization of medical men such as is represented by your State Association—ought not such an organization to have some absolutely untrammelled and unbiased means of speaking much needed truths? Can you not afford the luxury of continuing the good work you have undertaken? All people, no matter what their walk in life or their life's work, need constant instruction in their duty and in those things which pertain to the best and the right work. Therefore we have trade journals of all kinds; therefore we should have a medical journal, owned and controlled by the State Association, in every state in the Union.

But many large advertisers do not like a medical journal that tells the truth. True; and we have incurred the enmity of some such. But we have also gained the friendship of many others, and we have gained the approval of our members. The component societies which go to make up our State Society, way out here on the shores of the broad Pacific, have begun to officially adopt resolutions pledging themselves to the right policy, and in due course all of them will probably act.

Not only should it be the duty of every State Association to publish its own journal, but to my mind it is the only way in which full and complete organization can be secured, and when secured, maintained. The problem of keeping up interest and maintaining the medical organization is a large one. Your editor has the major portion of the work on his shoulders, for your journal must accomplish the task. He will have much work and plenty of criticism; but he is well endowed with those qualities which go to make for success, and he can handle the situation. He has given you a good journal to start with; help him to give you a good journal for many years to come, and so help yourselves.

## CORRECTION IN PRELIMINARY PROGRAM.

On page 101, in the Scientific Program, under "Surgery and Anatomy," the title of Dr. Terry's paper should read "Cases of" instead of "Codes of."

Under "Obstetrics" the author's name should be Charlotte J. Baker, San Diego.

## MEDICAL LEGISLATION COMMITTEE.

In response to the request of the Chairman of the National Committee, the representative of the auxiliary Committee for California, Dr. Philip Mills Jones, telegraphed to the President and wrote to the senators and representatives of California in Washington, urging the appointment of Col. Gorgas upon the Panama Canal Commission. The County representatives were also requested to take similar action, and it is hoped that they did so promptly. While the request came too late to do any good, at present, it may have some effect eventually. At any rate, it is just as well to get the newly installed machinery of organization oiled up and try the wheels before the great occasion arises.

## ALAMEDA COUNTY ANNUAL DINNER.

On the evening of March 8th, the Alameda County Medical Association gave its annual dinner, which was, as usual, a great success. The dinner was given at the Athenian Club, in Oakland, and the large table was well filled. Dr. Maher presided and was a most felicitous toast-master. Several guests from San Francisco were present and it was noted that most of them did not try to escape until barely time for the last boat. The annual dinner is an excellent institution and should be encouraged; it does vastly more to promote harmony and good feeling than the casual observer would suppose. It is also an excellent idea to invite the editor of the JOURNAL; that also promotes harmony.

## MEETING OF HEALTH OFFICIALS.

On Saturday, March 12, there was a joint meeting of representatives of the Federal, State and San Francisco health authorities held at the office of the Marine Hospital Laboratory. The Marine Hospital Service was represented by Past Assistant Surgeon Dr. Rupert Blue, Dr. O'Neil and Dr. Matheson; the State Board of Health by Dr. M. Regensburger and Dr. N. K. Foster; the local Board by Dr. J. W. Ward, Dr. D. F. Ragan and Dr. W. C. Hassler. The condition of Chinatown, in San Francisco, was the chief subject under discussion, and the reports of inspecting officers went to show that the district is in a very much more sanitary condition than it was some months ago, the improvement having been accomplished since the various health departments have been working harmoniously together.

## SPITTING ON TRANSFERS.

Just after the last number of the JOURNAL was closed and ready for the press, a member of the Publication Committee noticed the following telegraphic note, which is so directly in line with one of our editorials of last month that it is here reprinted:

LOCKJAW CAUSED BY CUT FROM TRANSFER.

New York, Feb. 18.—Lockjaw caused by a cut on the hand from a transfer slip has caused the death of George Powers, a street-car conductor here. The cut was sustained two weeks ago while Powers was tearing the slip from his book for a passenger.

In this connection the Board of Health has issued a mandate forbidding conductors to moisten their fingers with saliva in order to separate the transfers before delivering them to passengers. Fears of disseminating disease germs caused the board's action.

The University of Munich is reported to have been opened to women students on the same basis as men. The gymnasium course and certificate are required of those who are recognized as regular students; those not having these requirements are admitted merely as "hearers."

# THE RECENT EPIDEMIC OF SMALLPOX IN CALIFORNIA.*

By DANIEL CROSBY, M. D., Alameda.

THE recent epidemic, which is still active here and there in the Western States, and which has been very active in the East, has been so unusual in the mildness of its attacks upon those usually considered most susceptible to it, has so seldom killed or even deeply marked those of its victims who have been unprotected by vaccination, that grave doubts have arisen in the minds of medical men as to its identity.

A brief description of the disease: It begins suddenly with a rigor, or at least with chilliness, primary fever ranging from 101 to 105, headache, dizziness, anorexia, nausea, vomiting, and the general symptoms of grippe, and, during the first days, this is the diagnosis usually made. In from 48 to 72 to 96 hours macules make their appearance, usually about the roots of the hair, on the forehead, on the cheeks, at the corners of the mouth, in front of the ears, on the backs of the wrists or backs of the hands. In from 24 to 36 hours the eruption has extended to the remainder of the body. These macules very rapidly change to the typical papule, so rapidly, indeed, that they are usually not seen except in the papular stage. With the appearance of the papule there is some relief from the general constitutional symptoms. The papules change into vesicles somewhat earlier than usual; frequently on the second or third day distinct vesicles are seen. These vesicles are of a dull pearly color, their covering being thick and resistant, giving them a translucent but not a transparent appearance. Umbilication is seen in some of the lesions, but not in all. With the appearance of the vesicles complete relief from all the constitutional symptoms is experienced, and the patient feels well enough to be about.

All papules do not go on to the formation of vesicles, but some undergo resolution as it were, and many of the vesicles instead of going on to completion become stationary and undergo desiccation while no larger than pin-heads. Thus we have papules originally with the typical shotty feel and beginning vesicles, remaining stationary, giving the casual observer the impression that the eruption is developing in distinct crops, whereas in reality the crop is all one, but part of it is undergoing retrograde change. This condition is seen in a large number of cases and is commented upon by Fox of New York as being typical of modified smallpox. Frequently as early as the fourth or fifth day the vesicles change into papules. During the period of pustulation it is not uncommon to find the mucous membranes more or less generally involved, occasionally the eyelids, lips, nose and tongue swelling to a considerable degree. In severe cases the voice is husky, the breathing somewhat difficult and deglutition almost impossible. Just as the primary eruption comes earlier upon the face than upon the trunk and extremities, so that part of the eruption which goes on to vesiculation and pustulation also appears a day or two later, so that while pustules may be seen upon the face, vesicles are still to be seen upon the body.

In a small percentage of cases the appearance of pustules is accompanied by a secondary rise of temperature ,in some cases so slight that unless a morning and evening thermometric record is made the change will not be noticed; but in a few cases it is markedly severe, reaching even to 105. The pustules are also accompanied in a large number of cases by very severe itching. The pustules rapidly go on to desiccation, but in those cases not accompanied by a secondary fever the patients resist any attempt to keep them in quarantine or control. The period of desiccation varies from 5 to 20 days, upon the palms and soles taking longer.

When desiccation occurs, and the thin crusts have fallen off, the solid part of the pock remains for a long time, giving the appearance of warty excrescences on the skin, and this is one of the points adverted to by those who consider the disease not possibly small-pox; although William Welch of Philadelphia comments on it as one of the points noted in the large number of cases seen by him in the municipal smallpox hospital of Philadelphia. Many purple spots are left also by crusts in falling off, and these give the patient a peculiar spotted appearance, which, however, wears away in a few months, leaving the dead white of the pit prominently noticeable. In a few cases the pitting is very marked.

Differential Diagnosis from Varicella—1. Prodromal symptoms occur two or three days before the outbreak of the variolous eruption. In the very mild cases, however, these are very slight and occasionally absent. In varicella the symptoms and eruptions are practically synchronous.

2. Constitutional symptoms usually more severe in smallpox, but in the extremely mild cases these offer no guide.

3. Distribution of Eruption — Smallpox as a rule most profuse upon the face, arms, hands and legs. Chicken-pox, greater part of eruption on trunk and covered areas.

4. Character of Lesions—Smallpox: Macules shotty papules, vesicles, pustules. Vesicles often show umbilication and, as a rule, are uniform in size, except those before mentioned which abort before perfect evolution. Many, but by no means all, are multilocular, and all are resistant and not easily ruptured with the finger nail. They do not appear in crops, but pursue a steady course, the eruption upon the body being later than upon the face and hands. Chicken-pox: Velvety dewdrop vesicles, always unilocular, thin-walled,

*Read at the Thirty-third Annual Meeting of the State Society, Santa Barbara, April 21-23, 1903.

easily ruptured, varying in size and appearing in rapidly successive crops. Duration of eruption much shorter than in smallpox.

Having seen some of these cases in my private work and in company with my colleague, Dr. Clark of the Alameda County Hospital, it occurred to me to investigate the characteristics of this disease as it appears in this State and elsewhere. Accordingly, nearly two hundred letters were sent out to various points where the disease was or had been prevalent, asking for data and for descriptions of the disease from incipiency to complete convalescence. A very general response was elicited, and I am under considerable obligation to the medical men throughout the country for their care in reporting progress of epidemics and in giving clinical evidence in support of the conclusions which their experience forces them to form. The number of cases reported is something over eight thousand. Records sufficient for giving accurate data were in a number of cases not kept; but in probably one-half of the number approximately correct reports are had. These reports give initial rigors or marked chilliness in 78 per cent., lumbar pain in 79 per cent., pustulation 94 per cent.,involvment of mucous membrane, 78 per cent., palms and soles, 88 per cent., severe pitting 9 per cent., death-rate less than one-half per cent.; second attacks reported in 14 cases. The disease as described everywhere tallies with that with which we have been brought in contact in Alameda county, with the exception of Woonsocket, R. I., where the disease presented characteristics more nearly approaching a severer type of variola, as evidenced by their death-rate of 12½ per cent.

That the appearance of the disease in the United States in its present form dates from the return of our soldiers from our new island possessions, there seems to be small doubt; equally doubtless is the fact that its extreme prevalence is due to its having been regarded as a mild disease, somewhat annoying to be sure, but devoid of danger, and hence not demanding quarantine. In the discussion as to the identity of the disease, the basis for refusing to accept a diagnosis of smallpox seems to rest upon the following grounds:

1. Mildness of attacks among those unvaccinated, and especially among those recognized as being markedly susceptible to the disease, coupled with severe attacks in those recently apparently successfully vaccinated. (Happel, Tenn.)

2. The fact that in a series of 500 cases, four out of six responded to successful vaccination after convalescence from the disease. (Thompson, San Bernardino.)

3. Rapidity of evolution of the disease.
4. Absence of typical pustule.
5. Absence of secondary fever.
6. Absence of pitting and absence of history of the usual sequelae of smallpox. (Porter, Simonton, Sloan.)
7. Absence of appreciable death-rate.

The basis for claims as to the propriety of calling this disease smallpox rests, in the records which I have been able to accumulate, upon the following facts: From the various parts of the country reports have come in giving details of extensive mild attacks characterized by none of the manifestaions of severe smallpox, with but few exceptions. In nearly every community in which the disease has made itself felt we have records of the occurrence of some severe cases, and even of death from the disease. The following letter was received by me from William Osler of Johns Hopkins with reference to the disease there:

**We have had very little smallpox here owing to the vigorous action of our State Board of Health, but the epidemic throughout the country has been characterized by singular mildness; in many cases it has not differed specially from chicken-pox. We had an interesting local epidemic in the hospital among the colored patients in which the first case was mistaken for chicken-pox, and it was not until two or three more severe cases occurred that the nature of the disease was manifest. There is no question, however, that this is true smallpox, and oddly enough these very mild epidemics have been described at intervals since the time of Sydenham, and even in the pre-Jennerian days there were outbreaks in which the mortality was almost nil.**

Cody, the Health Officer of New Bedford, Mass., gives an account of some 250 cases in which the attacks, while generally mild and of the same type as that which has been met with in the West, resulted in a death-rate of 1 per cent.; but severe pitting, and in fact severe manifestations of the disease were present in a considerable number of cases. One of the deaths was of a premature infant at seven months, whose mother developed the disease six days before the birth of the child, the child having rash and papules.

Morse, of the State Board of Health of Massachusetts, sends a report of 394 cases in unvaccinated French Canadians, with marked pustulation and considerable involvment of the mucous membranes, but with no mortality.

Munroe, of Woonsocket, R. I., sends a report of 370 cases among French Canadians, the identity of the disease being doubted in the beginning, but eventually made by competent experts, five in number, including one from Montreal. The disease ran a somewhat typical course, the first hundred cases with, I believe, no mortality, the past two hundred cases presenting a death-rate of one in eight.

Dr. McDonald of Randsburg sends a report of about 200 cases characterized mostly by extreme mildness, and everyone typical of the disease as met with throughout the country. He was in a position to study his patients somewhat more closely because of the

fact that he dealt with most of them in a hospital; and he reports that in nearly all cases careful daily thermometer tests showed the presence of slight secondary fever. No cases presented in any patient recently successfully vaccinated or having a good vaccination scar of less than fifteen years' duration. He reports two cases of the eruption appearing in the posterior chamber of the eye, and the single death that he records is of considerable interest. The patient was a woman whose husband came to Randsburg, a distance of eighty miles, peddling, and surreptitiously visited the homes of some of the quarantined patients and then returned to his own home. In due time he developed the disease in an exceedingly mild, discrete form; and after the lapse of about two weeks his wife contracted the disease and died of confluent variola. The woman was a squaw, had never been vaccinated. He reports another case in which the patient, after convalescence from one attack, immediately developed a second one and passed through another typical siege of the disease. Photographs are very kindly supplied by Dr. McDonald, and are all of patients under his care.

Dr. Tebbe of Montague, Siskiyou county, reports the occurrence of the disease in a number of patients, attacking mildly two members of a family, and very severely one or two other members of the family at the same time, and in the severe cases running a typical course, ending in desquamation in the usual time and leaving marked pits. He reports one case presenting typical primary rash.

Wright of San Jose reports a series of 50 patients, 49 of whom were unvaccinated, 15 presenting severe manifestations, and 5 being markedly pitted. Two mild cases followed by paraplegia; one of his severe cases presenting a pustule on cornea, and one of the severe cases presenting miscarriage.

Dr. Jump of Fruitvale reports a series of cases at the Tesla Coal Mine traceable to the epidemic in Roslyn, which has been reported by Drs. Porter, Simonton and Sloan. In the epidemic at Roslyn, in Washington, we have a record of 1500 cases among miners, consisting chiefly of negroes, Poles, etc., people who have never been vaccinated, and during this epidemic there was no death due to the disease. However, at the Tesla Coal Mine, in Alameda County, we have a record of a case of smallpox developing in a negress who had left Roslyn eight days prior to the beginning of her illness. The eruption was marked, confluent upon the face; typical of small-pox even to the marked secondary fever and to very extensive pitting. Two other patients in this district were markedly pitted.

In my own work after having seen a considerable number of cases presenting those types which have become familiar to all of us, and which at first seemed to be chicken-pox, I was called to see a woman suffering from all of the premonitory symptoms of the disease in severe form. The eruption which made its appearance was typical of the description which has been accorded to the disease in question; but upon the appearance of the pustules on the fifth or sixth day, marked secondary fever made its appearance; but this the health officer attributed to cold. The mucuous membranes were extensively involved, even to the conjunctiva, the patient being unable to open the eyes and breathing with difficulty. The patient went on to convalescence, and three months following the illness nearly a hundred well marked pits are in evidence upon her face. Three other cases in the same family at the same time presented the usual extremely mild type of the disease; they were not pitted; all the patients were unvaccinated. In another case a family of four children, about six months ago, were taken with an absolutely typical varicella, which cleared up in the course of a few days. Owing to the smallpox scare these children were all vaccinated, the vaccination taking in two and failing in two. Within the past month I have been called to attend these two unvaccinated children, suffering from an absolutely typical illustration of this modified smallpox.

These cases reported do not of course prove anything in the sense that a proper bacteriological test will sometimes do; but these and many others, of which time prevents discussion, go to show what is to be expected, viz: That here and there from the mild type of the disease eruptions typical of mild variola appear, proceed to complete development, and leave to their victims a legacy of pits to bear a lasting testimony to their visitation.

The final word has not been said in the matter of diagnosis of the disease. Something yet remains to be explained as to its contradictory manifestations in some vaccinated and unvaccinated persons. When another advance has been made into the field of bacteriology, which will identify the organisms at work in the various forms of variola and varicella, then the proof of the identity of the one or the other will rest upon solid ground and will be removed from the realm of speculation.

### DISCUSSION.

**Dr. W. T. Lucas, Santa Maria — I was very much interested in this paper of Dr. Crosby's, because I have recently had a very severe professional experience with this disease. I had 300 or 400 cases up to January, and had quite an experience with vaccination. I have lived here for 23 years and already vaccinated many of the people before. In '92 and '93 we had an epidemic among the railroad men, and the town was thoroughly vaccinated; and now out of 300 cases I did not have a single case among those whom I had vaccinated in '92. At the same time I had three families. In the first there were three children, none vaccinated. The father and mother had been vaccinated when children. I**

was sent for and found the father broken out with smallpox. Also the mother. I vaccinated the children and none had the disease. I had another family of five in which I had the same experience. And yet another family of three. At the same time I had families where none had ever been vaccinated, and there would be one or two in the family who did not have it at all. In my community last June we had chicken-pox, and did not have the smallpox until August. There were some of those who had the chicken-pox who also had this other rash in the epidemic commencing in August.

Dr. W. A. Clark, Alameda. I believe it has been fairly well proven that one, two or possibly three attacks of smallpox can occur in the same individual. Also that after an attack of smallpox, vaccination can be successfully performed. You may wonder why it is that the people are taking any interest in a comparatively trivial disease. We are in rather a peculiar position inasmuch as our county health officer does not choose to call it smallpox; in fact, does not make a diagnosis. He says that the law only allows him to quarantine smallpox cases, and inasmuch as this is not smallpox he does not quarantine. In the city of Oakland there are comparatively few cases. In the city of San Leandro there have been about 518 cases. In the city of Haywards, where there is also a health officer, a like condition existed. Outside of the county there have been thousands—something like 2,000 cases. That in itself shows that the disease is highly contagious. If it is contagious, it is surprising that it does not raise the death rate, for you never hear of any deaths. It has been amply proven by the statistics of the Marine Hospital cases, that the death rate is ½ per cent. If the disease is so terrible, why is it not quarantined? It has been proved by the report of the health officer that secondary fever does occur. It may be only 100. I believe that this is a subject that very much concerns us all. Dr. Osler in his letter, has said that fatal cases do occur. Why should we not meet the mild cases as we do the more serious ones? It is a question of great interest, especially regarding the diagnosis, and there is no difficulty for any physician in diagnosing typical cases. I have advocated the calling of all these cases smallpox.

Dr. Elizabeth Follansbee, Los Angeles. In regard to people having smallpox more than once, I will tell you an amusing little story. Dr. Roth told me that when he was in charge of a contagious hospital, there was an aged colored man working there as porter. Dr. Roth said: "Evidently you have had smallpox," and the man replied that he had had it twice. During the time that Dr. Roth was there the man had a third attack. About three or four years afterward Dr. Roth visited this hospital again, and while speaking to some one there he said: "By the way, there was an old negro porter here, while I was here before, I wonder if he is living yet"? The man replied that he was not living, that he died sometime before of smallpox.

Dr. J. T. Gardner, Brentwood. In my county we have an energetic health officer who insists upon calling everything smallpox. His diagnosis was objected to and Dr. R., of Stockton, saw all of his cases, and it was Dr. R.'s opinion and my own that they were all smallpox, for the patients all had the symptoms that we have heard spoken of. The treatment universally used is whiskey, strychnia, quinine and carbolic acid compresses.

Dr. E. von Adelung, Oakland. I have had quite a little experience, and I claim that there is a class of cases which lie between chicken- and smallpox, and it is impossible to diagnose until we have some bacterial test or the test of the vaccination after recovery from the disease. We have to look upon it in a broad way. It is a disease which occurs mainly in adults. We also have a disease which is nearly always pustular and we know that in this disease the secondary fever is so slight that it is difficult to detect. Furthermore this disease which we are calling smallpox is a disease which rarely, if ever, occurs in successfully vaccinated people. The scar may result from an infected wound of the arm. Still we must remember that chicken-pox sometimes pits and sometimes we have deaths resulting from it. Another point is that it usually lasts 21 days and chicken-pox is limited to 10 or 12 days. Successive crops may occur in smallpox, but do not occur on the same portion of the body at the same time. In chicken-pox we find the developed bleb beside the beginning pustule.

Dr. D. Crosby, Alameda. The so-called dermatologists maintain that the germ for varicella and variola are one and the same. Whether that is true or not, it is certainly true that we are meeting, as Dr. von Adelung has just said, many cases which lie upon the border line and of which no man can say, this is one and this is the other. Furthermore, Welch, in his work, reports a large number of cases in which there is no secondary fever.

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## THE RAT AND HIS PARASITES; HIS ROLE IN THE SPREAD OF DISEASE, WITH SPECIAL REFERENCE TO BUBONIC PLAGUE.*

By B. J. LLOYD, M. D., Assistant Surgeon U. S. Public Health and Marine Hospital Service.

ALTHOUGH there are several hundred species of rodents included in the generic term *mus,* we need not, as a rule, concern ourselves with distinctions. The "Norway" or common brown rat (*Mus Decumanus*) is so well nigh universal and, unfortunately, so intimately associated with sanitary and shipping interests, and its habits are so nearly representative of the tribe, that we can practically pay our respects to the entire group in a discussion of this species.

The parasites to which I would invite your attention in this paper may be divided into trematodes, or flukes; cestodes, or tape-worms; nematodes, or round worms; protozoa, insects, and vegetable micro-organisms.

**Tremotada.**—Two flukes are mentioned by Cobbold as occurring in the long-tailed field mouse. These are the *Distoma Vitta* and the *Distoma Recurvum.* Dujardin describes the *Distoma Spiculator* as occurring in the common brown rat. No cases, so far as I can learn, have been reported in man, and they are probably confined to the rat and kindred rodents.

**Cestoda.**—No less than seven species of tape-worm are mentioned as occurring in the rat, and these are, without regard to the frequency of their occurrence, *Tenia Solium, T. Murina,* which is now regarded as *T. Nanna* of man; *T. Crassicolis, T. Leptocephala, T. Diminuta, T. Pusilia, T. Microstoma,* and perhaps others. In five hundred rats examined in San Francisco I have found

*Read before the San Francisco Microscopical Society.

no less than 170, or about 34 per cent., infested with tape-worms. These are usually encysted in the liver, sometimes as the ordinary cysticercus, but more often as an apparently almost mature adult worm. I have not attempted to identify the species, but in the specimens I have examined the head has four suckers and a double row of hooklets, usually about thirty-two in number, but there may be all the way from twenty-six to forty. The uterus and genital pore are usually poorly developed as compared with the human species. I have found as many as eight fair-sized worms in one liver, and to find two or three is quite common. In the intestines they occur with much less frequency, but in greater numbers, varying very much in size, from thread-like with few proglottides to a foot or more in length. Sometimes there are 40 or 50 or more in the small intestine. Many of those that I have examined exhibit the well-known six-hooked embryo, common to a number of species, and which can easily be demonstrated in the fresh egg.

**Neamtoda.**—One of the most common round worms occurring in the rat is said to be *Ascaris Oxyura.* Another species which is frequently found in the mouse is *Ascaris Tetraptera.* While I am not sufficiently acquainted with the subject of helminthology to be able to identify the different species, I have observed in the stomach of about 2 per cent. of the rats examined here a nematode which is certainly a species of the *Ascaris.*

The *Echinoryncus Moniliformis* occurs in the rat, and has also been reported as occurring in man.

The *Tricocephalus Nodosus,* the analogue of the *Tricocephalus Dispar* in man, is quite common in the rat and other rodents.

The *Spiroptera Obtusa* is frequently found in the stomach of the mouse in great numbers, and the *Olulanus Tricuspis,* which is found in the stomach walls of the cat, passes one part of its life history encysted in the muscles of the mouse.

The *Trichina Spiralis* occurs in the rat in both phases of its life history. The rat may be the original host, or may be infected by eating the excrement of the pig, or by ingesting the encapsulated larva in diseased pork. The rat, in turn, being eaten by the pig, is not an uncommon source of trichina in pork. In at least one outbreak of trichinosis in man, the rat has been regarded as the chief factor in the production of the diseased flesh.

The *Trichina Bakodyii,* which is said to be quite similar to but not identical with the *Trichina Spiralis,* has also been found in the rat associated with the *Trichina Spiralis.*

Embedded in the livers of about 65 per cent. of the rats examined in San Francisco, I have observed large numbers of eggs, many of which resemble the egg of the *Tricocephalus Dispar.*

**Protozoa.**—The *Coccidium Oviforme* produces in the rat a disease of the liver which is described as consisting of "whitish nodules ranging in size from a pinhead to a split pea, the nodule being formed by a dilated portion of the bile-duct." This organism passes from the liver into the intestinal tract, and is discharged in the evacuations. Man is susceptible, but the occurrence of this disease in the human subject is comparatively rare.

The *Coccidium Perforans,* and the *Coccidium Bigeminum,* occur in the cells of the intestinal villi, and are described as separate organisms.

**Trypanosoma.**—As early as 1886, Crookshank described a flagellated protozoon in the blood of animals, some of which presented evidence of disease, while others did not. More recently it has been found that surra, a fatal disease of horses and mules in the Philippine Islands, is due to infection by trypanosomes. In various other localities, horses, cattle and dogs are attacked fatally. The bite of the tsetse fly in certain districts of South Africa, owes its well-known fatality to the fact that it conveys the trypanosome. Various other animals, including certain fowls, and more especially rats, harbor this parasite in enormous numbers, apparently without the slightest inconvenience. Forde, in 1901, at Bathurst, observed an organism in a human subject which was subsequently identified by Dutton as a trypanosome. Since that time a number of cases have been reported in man and one species has been "arrested on suspicion" as being the cause of sleeping sickness, and, apparently, a very good case is being made out with the mosquito as *particeps criminis.* The *Trypanosoma Lewisi* is the name given to the particular species which infests the rat, and, as I have specimens with me, I shall not discuss its morphology further than to say that it consists of a body, the length of which is about two and one-half to four times the diameter of a red blood cell; a flagellum, the free part of which is more than half as long as the body; and an undulating membrane, the upper free border of which is continuous anteriorly with the flagellum, and posteriorly with a deep-staining oval spot sometimes spoken of as the nucleolus, but more generally known as the centrosome. The long diameter of the centrosome is usually, but not always, at right angles to the body of the parasite. In the anterior part of the body is situated a larger refractile substance which is regarded as the nucleus. The breadth of the body of the organism is about one-half to two-thirds the diameter of the red blood cell. Out of 480 rats examined in San Francisco, I have found the *Trypanosome* in about 25 per cent., and

I have no doubt a more careful search than I have been able to make would reveal even a higher percentage than I have given you. In staining this parasite I commonly use Roux's double stain. While this stains the body, free flagellum and centrosome very distinctly, it rarely stains the nucleus or the free border of the undulating membrane. The infection, it is believed, passes from rat to rat chiefly through the agency of the flea. Experimentally, rats may be readily infected by inoculation or feeding. The organism may be kept alive in blood serum for a considerable period, and Novy reports having grown them in the water of condensation of a tube containing a mixture of agar and blood serum. A detailed description of this *Trypanosome* may be found in Bulletin No. 11 of the Hygienic Laboratory, P. H. & M. H. S. (Assistant Surgeon Edward Francis).

**Insecta.**—The only parasite I wish to mention under this head is the flea. A great deal has been said pro and con on the subject of whether or not the common rat flea will attack man. It has at last been fairly definitely settled that the rat harbors several species, and that some of them, at least, do attack man. It is quite probable that even those that do not bite man, if such there be, are not infrequently found on the body, and their mere presence is almost as much a menace as if they did, when the question of plague is considered. For the present, I shall only ask you to recall that the flea is believed to be an important factor in conveying plague from rat to man. Whether this is true or not I do not know. That the flea may convey living plague bacilli from rat to rat, from rat to man, or from man to man, I have no doubt; but that it is a common occurrence I am not convinced. Simond placed a healthy rat in a cage with one suffering from pest, the two being separated by a wire partition. Upon the death of the sick rat, the fleas left the body, as soon as it was cold, and attached themselves to the healthy rat, which subsequently became ill and died of plague. The intestines of such of these fleas as were examined contained numerous plague bacilli. A repetition of this experiment with two other rats, neither of which had fleas, failed to infect the healthy rat. From this he concludes that the healthy rat of the first experiment was infected by the fleas from the sick rat. Thomson believes that suctorial insects may convey plague by their bites, but not after twenty-four hours have elapsed since they fed on a septicemic host. The mere presence of an insect whose intestinal canal is gorged with plague bacilli is a menace, for you have only to crush such an insect on the skin to produce one of the known methods of infection. Apropos of this last statement, let me say by way of digression, that it is surprising that the mosquito has been almost completely ignored by men who have studied the question of transmission in this disease. Malaria and yellow fever are conveyed by different genera of mosquitoes, but it is just possible that any mosquito *might* convey plague. On the other hand, more than 700 experiments by the Austrian Plague Commission with suctorial insects failed to produce a single infection. It must be remembered, too, that some cases of plague are never markedly septicemic and that the majority were only so within the last forty-eight hours before death.

**Favus.**—The *Aohorion Schoenlinii*, an intermediate form of vegetable parasite which causes favus, occurs in the rat and has been suggested as a means of extermination; but, as pointed out by Montenegro, only the weaker ones die and there is danger of infecting human beings, provided that human favus and rat favus are identical, and I presume they are.

### RATS AND THE PLAGUE.

The main object of this paper is to bring prominently before you the importance of the rat as a factor in the spread of bubonic plague in insanitary habitations. In discussing this topic, I shall reverse the usual order and ask you to hear a conclusion before I have presented the argument. I regard it as a conservative statement when I tell you that, given a filthy and insanitary environment, the rat probably many times exceeds all other factors combined in the propagation of this disease. In order to discuss this conclusion, which is shared in greater or less degree by all men who have spoken authoritatively on the subject, it will be necessary to refer briefly, first, to the way in which the disease advances; second, to man himself as a source of contagion without the intervention of another host; third, the different modes of infection in human beings; fourth, sources of infection other than rats and man; and, lastly, to present certain well-known facts bearing directly on the subject of the transmission of the disease by rats. You will see by these headings that it is not my purpose to present to you a studied discussion of the disease itself. That would be too long a story. What I hope to do is to emphasize certain facts which should be known by everyone, from the ultra scientific to the "Man with the Hoe," and I want to say in this connection that from the questions asked daily by men who are otherwise well informed, I am quite certain that there is a big field for education along this particular line. I am making this statement advisedly and without meaning to cast the slightest reflection on the intelligence of our people, for I realize that they have not had the opportunity to obtain this information. Those of us who are here tonight are taking the trouble to inform ourselves and we understand, of course, that this talk is merely a means to an end, inas-

much as we hope to interest others, and in this way begin the dissemination of information which just now is of vital importance. To begin, then, it is a question whether we should regard pest as a disease of man or as a disease of rats which is readily communicable to man. It is just possible that the latter is the proper classification and that plague is primarily a disease of rats. Contrary to the general opinion, plague is a disease which progresses slowly, and only exceptionally and under circumstances with which we are none too familiar does it assume epidemic proportions. Having once gained a foothold, it plays hide-and-seek often for years, lulling its prospective victims into a false sense of security by the insidious nature of its encroachments. It is the general opinion of medical writers, however, that the city or province which harbors this infection will sooner or later be reminded in a very decided manner that the disease is not one that may be treated lightly. Whether we are able, with our present knowledge of the disease and with our improved ideas of sanitation, to prevent in the future what has inevitably resulted in the history of this disease in the past, remains to be seen. I believe that if what we know is put into practical execution, this can be done. As an example of the slow and deadly march of this disease, I have to read to you this extract from the mortuary statistics of the city of London:

**In the year 1616 in London there were 9 deaths from plague; in 1617, 6 deaths; in 1618 18 deaths; in 1619, 9 deaths; in 1620, 21 deaths; in 1621, 11 deaths; in 1622, 16 deaths; in 1623, 17 deaths; in 1624, 11 deaths; in 1625, 35,417 deaths; in 1626, 134 deaths; in 1627, 4 deaths; in 1628, 3 deaths; in 1629, 9 deaths; in 1630, 1317 deaths.**

To sum up, in a total of fifty years of plague in London, from 1601 to 1650, in twenty-five of these years the deaths numbered from 1 to 67 per annum, in eleven other years the deaths numbered from 134 to 996, while in the years 1603, 1625, and 1636, the deaths numbered respectively 36,269, 35,417 and 10,400, these being the largest numbers occurring in one year. If further evidence is wanting, I have to refer you to the number of cities that are known to be infected today, and remind you that nine-tenths of them are having only a few cases a month, and some of them only a few cases a year. Recognizing, then, the tortoise-like pace set by this disease, and not forgetting that it may shake off this lethargy and advance by leaps and bounds, let us consider man himself as a source of contagion. It is a common error of belief almost universal among non-medical men and even among many otherwise well-informed physicians, that plague is highly contagious. Except in the pneumonic form, which constitutes less than 5 per cent. of all cases, and which differs in nowise from the bubonic type, save in the part of the body attacked, plague can hardly be regarded as contagious. This does not apply to the handling of the internal organs with the bare hands, as some have found to their sorrow in post-mortem examinations, but refers to contact with the exterior of the body of persons suffering from, or dead of, plague. It is a well-known saying that there is no safer place in a stricken city than a sanitary plague hospital, and this saying is literally true. The following opinions on the subject are culled from Thompson's "Treatise on Plague," and are compiled by him from the writings of men whose experience and ability are too well known to be questioned, whatever may be thought of their conclusions. Dr. Robertson, a British medical officer in Syria in 1841, writes:

**In reference to the contagiousness (transmisaibility) or non-contagiousness of this disease, I beg to state that the result of all my experience leads me to believe that the disease originates in local causes, and that it is not highly contagious. My firm conviction is that the plague cannot be communicated from one person to another in a pure atmosphere, even by contact, but I am not prepared to assert that, if plague patients are crowded together in confined and ill-ventilated apartments, infection will not be produced, just as in typhus.**

Mr. Brant remarks:

**As far as my experience goes, I have been led to doubt the contagious nature of the disease, or, if contagious, it must be in a very slight degree. I have had within the sphere of my observation many cases of the most complete and extensive contact, without the disease being communicated.**

Sandison, of Brussa, says:

**The cases are numerous in which persons escaped the disease after contact with persons seized with it, even in its most malignant form.**

Clot-Bey, with his corps of French physicians, "remained in hourly contact with the infected for weeks together and with but one of them taking the distemper." The Royal Academy of Medicine of France, in 1844, after a thorough and exhaustive search in Egypt, reported: "There is not a single fact which indisputably proves the transmissibility of the plague by mere contact with the sick." The experiences of more recent writers on this subject coincide with those of the writers quoted and corroborate their views. Before leaving the subject of man as a source of contagion, it must not be forgotten that under conditions of overcrowding and poor ventilation, human cases may be of considerable importance in producing the disease in others directly. Living in houses where there is plenty of sunlight and fresh air, with proper disposal of sewage, these same human beings can come in daily contact with plague cases with comparative immunity.

(To be continued.)

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**Note**—Dr. B. J. Lloyd, author of the foregoing paper, is at present stationed at Callao, Peru.—Ed.

# WHAT CAUSES APPENDICITIS?*

By D. A. STAPLER, M. D., San Francisco.

THE subject of appendicitis has been so often discussed that it requires a great deal of courage on my part to bring it before this society for further consideration. All of you have seen many cases of appendicitis, have formed your own conclusions of the nature and treatment, and each of you is so convinced that his opinion is the correct one, that I am simply putting my hands in a hornets' nest when I attempt to modify these ideas.

My position in presenting a new explanation, based entirely on comparative studies in pathology, is made all the more difficult by the lack of clinical material, hospital- and laboratory-facilities. But we often make a diagnosis where the chief symptoms are absent, guided only by our medical intuition and where the clinical observation proves the correctness of our judgment.

Before considering this matter I would like to state that the term appendicitis is a misnomer. Appendicitis means inflammation of the appendix; but the anatomists know only the *appendicæ epiploicæ* and a *processus vermiformis.* Therefore an inflammation in this organ should be termed epi-para or perityphlitis. I will employ the term appendicitis, however, the long use of which has established itself *ex abuso,* because this word brings immediately before your mind's eye the entire picture of this disease in its manifold forms and variations—you know them all.

But what causes appendicitis? Many have not thought at all about this subject; some have investigated the matter and formulated theories even as grotesque as they are contradictory. When we find many theories, we may be sure that none are correct, just as many remedies for one disease is proof of the inefficiency of them all. If one theory is correct, why formulate new ones?

The old theory, endorsed by such an eminent man as Billroth, was that appendicitis is caused by foreign bodies. Cherrystones, fishbones, etc., were searched for, and when, instead of cherrystones, etc., fecal concretions were found, the latter were considered the cause of the disease. In the meantime, the operation for appendicitis became more frequent and many of the extirpated processi vermiformes contained neither cherrystones nor fecal concretions. What caused the inflammation in these cases was the universal question. Others stated that small microscopical particles of agateware or oystershells found their way into the processus vermiformis and produced the disease. In other instances ascaris lumbricoides, oxyuris vermicularis and trichocephalus dispar were found.

How do fecal concretions develop in the processus vermiformis? I believe that every peristaltic impairment is capable of producing fecal concretions. The feces enter the processus vermiformis just as readily as other parts of the intestines, but escape with more difficulty because the peristaltic power is here weaker and the canal has no distal opening. It is only necessary that the peristalsis be impaired or entirely absent for a few days, as occurs in cases of peritoneal irritation, for the feces to remain dormant in the processus vermiformis. They become harder and the re-established peristalsis can only with much difficulty expel them. Small particles, however, remain, become harder and harder, and a fecal calculus is formed. In a case of extrauterine pregnancy I had the opportunity to observe the formation of such a concretion. The patient showed, following an internal hemorrhage, signs of peritonitis, suppression of stool and gas. These symptoms disappeared in a few days and 12 days later the patient consented to an operation. I found that the processus vermiformis was partially filled with feces; the cecal end contained soft matter, which was segmented by the peristalsis, while in the distal end the fecal contents were hard. Such a concretion could only be removed by operative intervention. The development of fecal concretions is therefore very simple and comparatively frequent. That fecal concretions are not the real cause of appendicitis is proven by the fact that we find them present in only about 20 per cent. of the patients operated upon.

It is not my purpose to here enumerate all the theories; suffice it to say that many claim to have found the key in the histology of the processus vermiformis, others in its anatomy. The artery which supplies the processus vermiformis was by some held responsible for the mischief. Others claimed it depended upon the length of the processus vermiformis. Some assert that its various positions is the sole factor causing disease, others swear it is nothing but a retrograde metamorphosis. Again some few see in the pressure of the kidney upon the processus vermiformis the explanation, and so the theories pile up upon each other *ad infinitum.* My attempt to collect the literature published upon this subject encountered such voluminous and contradictory material that I gave up in despair. Is any one of the numerous theories correct? I think not, although each of these conditions above quoted may have some slight influence in producing the disease. In my opinion, there is but one cause for appendicitis; namely, *loss of tissue and subsequent infection.* The fecal concretion is not the cause of appendicitis, but produces a lesion of the tissue, which becomes subsequently infected. If no infection ensues, then the fecal concretion or foreign body causes no further trouble. We find the same in gallstones. Gallstones may be

* Read before the San Francisco County Medical Society.

carried during a lifetime without any inconvenience. Indeed, they are so common that we find them in 10 per cent. of autopsies. Only when infection occurs do they become a source of disease. How can the length of the processus vermiformis be held responsible for its inflammation? Or its blood supply, its histology or its anatomy? According to what law? Do we find any analogy in pathology for this?

Nowhere in surgery does one find infection occurring without a primary lesion. No surgeon of today accepts the old ideas about idiopathic erysipelas or tetanus, because he knows that a point of entrance, be it even so small that it escapes discovery, is necessary to make infection possible. Normal skin and normal mucous membranes are not penetrable by infectious germs. Only in appendicitis do we attempt to make exception to this law. Why? How does the lesion in the tissue occur? In many ways. It struck me that more boys than girls, more men than women were afflicted with appendicitis, which disease is more prevalent in America than in Europe. These facts started me to thinking, especially as appendicitis in women should be relatively more frequent, owing to the neighboring adnexa, so frequently diseased. This is not the case, however. Further, I was impressed that nurses in a certain hospital, who lifted the patients upon the operating-table, were frequently attacked with and operated upon for appendicitis. Upon further investigation, I found similar conditions in another hospital. It is a fact that appendicitis is frequent among students of Stanford University. Cases of appendicitis following traumatisms, as a blow, lifting a heavy weight suddenly, etc., are not rare. In the above mentioned cases the loss of tissue was produced by capillary hemorrhages through overexertion and the subsequent infection developed the appendicitis. By means of this assumption we can explain why more boys than girls, more men than women, more here than in Europe suffer from appendicitis. Boys expose themselves more to physical overexertion than girls. The same applies to men, and the fact that physical sports are more cultivated here than in Europe accounts for the greater frequency of appendicitis in America. The fact that capillary hemorrhages may occur after physical overexertion is well known to oculists. Rupture of the conjunctival capillaries follows such efforts as severe coughing, sneezing, straining by stool or lifting heavy weights quite commonly. Such a capillary hemorrhage may likewise occur in the processus vermiformis through sudden increase of the intraabdominal pressure, and indeed here more readily when such predisposing conditions as abnormal position, shape, blood supply and histological structure are present. It is, however, not necessary to assume that these small hemhorrages occur more frequently in the processus vermiformis. They may as well occur in other parts of the intestinal tract, but here no further complications ensue. And this is readily explained. The intestinal tract is an open canal, while the processus vermiformis is a blind sac. In the former the normal secretion of mucus is considerable and the contents are kept in constant movement, while in the latter peristalsis is slow and the liability to infection is considerably greater. We may compare the conditions existing in the processus vermiformis with those in a fistula. A fistula seldom heals unless converted into an open wound, because the secretions collect, producing constant irritation. All these conditions favor infection of the processus vermiformis. The severity of the disease will depend upon the nature of the infection.

The foregoing theory readily explains why infectious diseases such as tonsilitis may sometimes be followed by appendicitis. Pathology teaches us that internal capillary hemorrhages in different organs occur in the various infectious diseases. Thus in scarlet fever we find hemorrhages in the kidneys and intestines, in acute articular rheumatism hemorrhages in the mediastinum, peri- and endocardium, the pleura, the spleen and the serosa of the intestine are frequent; also, in influenza effusions of blood occur in different organs. These hemorrhages result from the action of the toxins and can be secondarily infected by the same germ which caused the original disease, as, for example, streptococci, or more commonly, the bacterium coli. There remains now but to explain the appendicitis due to foreign bodies. This is also quite simple. If the foreign body is sharp, the mucosa is easily wounded and the ever-present coli bacillus will cause the infection. If the foreign body is dull, it may cause a pressure necrosis, thus making infection possible. The development of chronic appendicitis with acute exacerbations finds also its natural explanation. The primary lesion is infected with germs of moderate virulence. In the ensuing battle nature obtains the upperhand and the acute attack subsides. The lesion, however, does not heal, but is transformed into a small, granulating ulcer (I beg you to remember that the conditions in the processus vermiformis are similar to those in a fistula). Any new irritation of this wound will facilitate another infection and therefore a fresh attack. Should, however, this little ulcer heal entirely, then a scar forms with subsequent stenosis. If infection takes place through highly virulent germs, then the whole processus vermiformis is converted into a phlegmon. Summing up, *appendicitis is caused through loss of tissue with subsequent infection. This loss of tissue can be caused by capillary hemorrhages due to infectious diseases or overexertion, or by foreign bodies.* No appendicitis without infection, no infection without loss of tissue.

# THE LEGAL DEFINITION OF THE PRACTICE OF MEDICINE.

By WILLIAM C. TAIT, Ph. D. (Tubigen), LL. B., San Francisco.

THE State Board of Medical Examiners recently acquired the bulletins of the American Academy of Medicine, a valuable acquisition, because the bulletins deal largely with the subject of medical legislation and report the transactions of the National Confederation of State Examining and Licensing Boards, an organization which meets annually and whose sessions are usually opened with prayer and the address of a Governor or Mayor. In one of these bulletins, that of June, 1902, is found a paper read before the Confederation by Dr. Henry Beates Jr. of Philadelphia entitled: "How Should the Practice of Medicine be Legally Defined." After tracing the origin and growth of medical legislation in this country and taking a fling at the medical colleges whose breach of trust had necessitated the establishment of boards of examiners, Dr. Beates stated that the purpose of our medical practice acts had been defeated and their execution paralyzed by the prevailing judicial interpretation of what constitutes the practice of medicine—hence the necessity of seeking from the legislature a definition broad enough to make these acts effective. The object of the paper was to secure the adoption of a definition which he had formulated, first by the Confederation, then by the profession, which in turn should seek to conventionalize it so that its enactment into law would naturally follow. Dr. Beates had submitted his definition to the members of a number of examining boards, who had endorsed it, and he gave it out as technically perfect. The Confederation, although admitting the necessity for a more scientific definition of the practice of medicine by the legislature, nevertheless failed to adopt that of Dr. Beates, perhaps wisely, too, for the definition proposed was far from being technically perfect. It lacked the supervision of an expert, and I think it would have been wiser to have first submitted it to a confederation of attorneys for boards of examiners.

According to Dr. Beates the legal interpretation of what constitutes the practice of medicine and which has played havoc with the laws regulating its practice is as follows: "To practice medicine is to treat diseases and accidents by means of drugs or medicines, and if the treatment of these is conducted without drugs or medicines, one so doing is not practicing medicine." If we add to the above that the practice of surgery, as defined by certain courts, consists in the treatment of disease or disability by means of the knife, or other surgical instruments, we will have an idea of the narrow and false construction put upon these terms by certain courts. I say by certain courts, because there are many exceptions to the rule, if indeed it can even be called a rule, so numerous are the exceptions. That such an interpretation robs the acts of their intended purpose is obvious enough. Dr. Potter of Buffalo, New York, told the Confederation how it had worked in his state:

> Again, in the state of New York we labor under this difficulty. A good many years ago a very eminent justice of our supreme court expounded the law in a decision which he elaborated with learned and legal phraseology, the essence of which was that the practice of medicine must consist in the prescribing of drugs, and, as in the case before him, no drugs were prescribed, the party could not be held for a violation of the law. That stands as an interpretation of the present statutory law of the state of New York, and if any prosecution is attempted by a medical body or anybody else, or if any person interested in this question goes to any district attorney in the state of New York for information on this point, he will say: "That is the interpretation of the court on the subject. and I cannot aid you. I cannot bring action in this case because it will certainly go against you. I cannot consent to bring action in any case where the decision of the court is so directly against the proposition that you present. So there you are."

Dr. Potter probably had in mind the case of Smith vs. Lane 24 Hun. 632, decided by one of the supreme courts of New York in 1881, a case always cited by such courts as favor the narrow construction. This decision, which worked such disaster, probably came unexpectedly, for by the looks of the record the case seems to have gone by default as far as the medical profession was concerned, and, although the medical act was directly involved, neither board of examiners nor the people, were parties to the proceeding, which was a suit by a quack to recover a stipulated sum for services in rubbing and kneading the bodies of the defendant and his wife. The plaintiff claimed that no license was necessary because the services rendered were not medical, and the court so held, because the plaintiff's methods were drugless and knifeless, and therefore in its opinion harmless. The purpose of the statute, said the Court, was to protect the people against the danger to life and health from the administration of potent drugs and medicines by ignorant and incompetent persons. Credulous people, might, it was true, be deceived into the employment of plaintiff, and thus be imposed upon, but the object of the statute was not to protect the ignorant and the credulous against deception and fraud.

The plaintiff had judgment, and his victory meant the repeal of the medical law as to every empiric who used neither drugs nor the knife. The judgment should have been for the defendant, for the relations of the parties were those of physician and patient. The defendant had employed the plaintiff to treat him "for his bodily infirmities." The dictum was that neither harm nor benefit could result from rubbing and kneading the body. The harm and the danger contemplated by the statute were such as are apt to arise when unlicensed and therefore unqualified persons undertake to treat the sick and to act as physicians. What would the eminent Judge have thought of the following case reported by Dr. Mathews of Louisville during the discussion:

> Permit me just a moment to narrate a trial that occurred in our court a few weeks ago, in which the decision was in our favor in the lower court by a most learned judge, but was reversed by our Supreme Court in a few weeks thereafter. I had the lawyer to ask the osteopath, whom I had arrested and tried, if he treated, for instance, diphtheria? He said he did. I had him ask, "How did you treat diphtheria?" He answered, by the introduction of the hand into and down the throat and manipulating the throat. I then asked Professor Bailey, a learned physician of our city, and who is professor of practice of medicine in the University of Louisville, what such treatment would do? He answered it would kill the infant invariably. In answer to a proposition of the lawyer who was defending this man, we asked Dr. Vance, a distinguished surgeon, if he had not had many cases in surgery in which he did not administer a single dose of medicine. He said that it was his common practice to reduce fractures, dislocations, etc., and possibly never administer any medicine at all.

Perhaps the New York judge might have gone to that length, as did the Supreme Court of Kentucky in the case of Nelson vs. State Board of Health, which took the law from him, and violated not only the spirit of the medical practice act, but also its very letter. In Kentucky, the Legislature had exacted of all would-be practitioners a diploma satisfactory to the State Board of Health, and this Board recognized only such medical colleges as conformed to the standard prescribed by the Association of American Medical Colleges. The profession was not a house divided against itself, as it often is, but was united in a common endeavor to uphold the medical law, and to make it respected. All went

well until an osteopath obtained an injunction restraining the board from prosecuting him. He had a diploma from an osteopathic college, and by his ingenuous counsel asked the court to either compel the board to recognize his college as reputable, under the statute which expressly prohibited discrimination against any system or school of medicine, or, if his system was medicine, to enjoin the board from interfering with him. The court preferred the injunction to the mandamus. It said that osteopathy, which it called a new system of treating disease, was not medicine, nor was plaintiff's college a medical college in spite of its clinics and infirmaries, because it failed to teach surgery, therapeutics, materia medica and bacteriology; nor was plaintiff a physician, but a nurse, or a laborer like any other, because he used neither drugs nor the knife. In vain the board's attorneys pleaded that the practice of medicine was not confined to the use of drugs, or surgery to the use of the knife; that medical colleges taught other things than the application of drugs to the cure of disease. The Court insisted that the Legislature had intended to regulate only the practice of medicine and surgery by physicians and surgeons, as the people and the Court understood those terms, to prevent empiricism on the part of these persons. Yet the title of the act was "An act to protect the citizens of this commonwealth against empiricism," and the Court itself defined empiricism as ignorant or unscientific practice. The act defined the practice of medicine as follows:

> Sec. 2618. Any person living in this State, or any person coming into this State, who shall practice medicine, or attempt to practice medicine in any of its branches, or who shall treat or attempt to treat any sick or afflicted person by any system or method whatsoever, for reward or compensation, without first complying with the provisions of this law, etc. To open an office for such purposes, or to announce to the public in any way a readiness to treat the sick or afflicted, shall be deemed to engage in the practice of medicine within the meaning of this Act.

How in the face of such a definition the court reached the conclusion that the accused was not practicing medicine is inconceivable. The definition which was added to the medical statute in 1898 would seem to have been enacted for the express purpose of averting the danger of an interpretation similar to that of New York and a number of other states. In North Carolina the fate of the law was equally strange. There the Board of Examiners was appointed by the State Medical Society, an association of "regularly graduated physicians," which was expressly required to appoint seven regular physicians (not as in California where the state societies may elect from the ranks of the profession at large) and the law exacted a diploma based upon a three years' course of study, and an examination before the board. It did not define the practice of medicine, other than to exempt gratuitous services. Here, as in Kentucky, the law was overthrown by an osteopath who, during the course of treatment otherwise osteopathic, opened a small abscess in the patient's mouth with a knife, but exacted no fee for this last service.

The osteopath also filed a brief himself in which he claimed that "to deny the right to the free and untrammeled use of one's hands upon the body of a sufferer, for his benefit, at his request is to deny constitutional right." The Court said that the Legislature had never intended to require an examination for "a profession which eschews the use of drugs and surgery," or to exact of such a person as the accused a knowledge of anatomy, physiology, surgery, pathology and the other subjects enumerated by the statute, almost all of which would be useless knowledge to exact of an osteopath who prescribes hot and cold baths, rest and exercise, besides rubbing and kneading the body. In the opinion of the Court, the Legislature had only regulated "allopathy," but had not restricted the practice of medicine to that system, and, besides, the defendant was not a physician, although he styled himself a doctor. The board's attorney cited the Alabama case of Bragg vs. The State only just decided, which held precisely to the contrary, but the logic and authority of the Alabama court made no impression upon the court of its sister state. Yet what was plainer than that the Legislature had intended to intrust the practice of medicine only to those who could pass an examination in the branches constituting the science of medicine, and which it especially enumerated?

The Court refused to attach any importance to the fact that the defendant advertised himself as "Doctor," for "Doctors" were apt to be as thick as leaves in Villambrosa. The statute did not deny the use of this title to the empiric, as it does in California. The effect of this decision must have been to render that title as contemptible and common as it will be in California, should those who would like to make it so succeed in overthrowing the medical act.

As we have already said, there are many exceptions to the "interpretation" given by Dr. Beates as the rule. The most notable, besides the instances of Illinois, Nebraska, and Rhode Island, are those of Alabama and Indiana.

Down in Alabama the Legislature created boards of examiners out of the State Medical Society and the county medical societies in affiliation with it, and this delegation of power to the official organs of the profession, under a statute which provided for a diploma and an examination before one of the boards, but did not define the practice of medicine, was the means of uniting the profession against adverse legislation and quackery. In Alabama the courts have not, as in New York, Kentucky and North Carolina, done violence to the will of the Legislature, but have upheld the spirit and the letter of the medical law.

In the case of Bragg vs. The State (59 L. R. A.) decided in 1902, the Supreme Court sustained the conviction of an osteopath for the illegal practice of medicine. Contrasting regulars and osteopaths, the court declared that, although their methods differed, yet both were physicians because both sought the same result, viz: the alleviation or cure of disease; both, in fact, practiced the healing art. It defined medicine as the art or science of diseases and remedies, or as the healing art. The history of medicine and therapeutics was traced to show that the physician had in no age followed a uniform system of therapeutics, that medicine as practiced in every age had never confined itself to the use of drugs and the knife, as pretended by the accused; that the term physician was broad enough to include and did include "all those who diagnose disease and prescribe or apply therapeutic agents for its cure." The decision is so admirable that I am tempted to give it verbatim. It is a complete answer to the adverse decisions of other courts by a learned jurist (Judge Tyson) who, like Judge Field of the United States Supreme Court, has the proper conception of the science of medicine, of the duty of the Legislature to so regulate it that the people may not be injured, deceived or duped by pretenders and impostors, and of the duty of the courts to uphold the policy of the Legislature to that end. The decision will delight every physician who has at heart the interests of his profession and the welfare of the people, and, therefore, hates every species of quackery.

In Parks vs. The State, (59 L. R. A. 199), decided the same year, the Supreme Court of Indiana was equally scientific, although construing a statute which defined the practice of medicine in the broad sense.

The accused, who was a magnetic healer styling himself "Professor," denounced the state law as "an attempt to determine a question of science and to control the personal conduct of the citizen without regard to his opinion and in a matter in which the state is in no way concerned."

We think, on the contrary, said the Court, that the matter is one of considerable concern and that the Legislature is the appropriate tribunal to determine the degree of learning that those who gain a livelihood by seeking to relieve the bodily ailments of others should possess. The legislature confined the use of the magnetic system to a body of men in whose hands it would be safe to intrust it because of their education in subjects relevant to its administration, and was justified in taking it, on account of its danger, out of the hands of empirics.

If a man holds himself out to the community as a person skilled in the science of healing and on that ground seeks the opportunity to exercise the skill he claims to possess, his business becomes impressed with a public character and is therefore subject to reasonable regulation in its prosecution.

Particularly happy is the conclusion of the court that the accused was an empiric because he had no license. That the Von Tiedemanns, Herbeins, Gardinis, Gerinos, Martins, and others of the same ilk who have been arrested for their continued violation of the medical act are not quacks because they have medical diplomas, is a favorite argument of their respective counsel. They are quacks nevertheless as well as law breakers, for now that we have boards of examiners in the United States to pass upon the qualifications of would-be practitioners the title of M. D. carries with it no guaranty of learning or skill. The only evidence of these is the license or certificate. Empiricism means nothing if it does not mean ignorant or unscientific practice, and the man who practices without a license may therefore very properly be called an empiric or quack. By those terms we used to mean a practitioner without a medical degree. Today we use them to designate the practitioner without a license.

Our medical practice act provides that no one shall practice medicine or surgery in this State without the certificate of the present or of some former Board of Examiners, and makes it a crime for any person without such a certificate to represent or hold himself out as a practicing doctor, physician or surgeon. The titles of doctor, physician or surgeon, therefore imply something more than the possession of a medical degree. They imply that those who use them are duly qualified to practice medicine. As Judge Field said in Dent vs. West Va.:

The physician must be able to detect readily the presence of disease, prescribe appropriate remedies for its removal. Everyone may have occasion to consult him, but comparatively few can judge of the qualifications of learning and skill which he possesses. Reliance must be placed upon the assurance given by his license, issued by an authority competent to judge in that respect, that he possesses the requisite qualifications. No one has a right to practice medicine without having the necessary qualifications of learning and skill and the statute only requires that whosoever asserts that by offering to the community his services as a physician that he possesses such learning and skill shall present evidence of it by a certificate or license from a body designated by the State as competent to judge of the qualifications.

According to Judge Field, the Legislature in providing these medical practice acts pursued a double object, to protect the people against "the consequences of ignorance and incapacity," and against those of "fraud and deception."

Such was the intention of our Legislature in providing by the first subdivision of section 16 defining the practice of medicine that "those who profess to be, or hold themselves out as being engaged as doctors, physicians or surgeons in the treatment of disease, injury or deformity of human beings" shall be deemed as practicing medicine or surgery. This is one of the most important features of our medical practice act. Many other states have a similar provision, although differently expressed. Some of them prohibit the opening of an office, the announcing of a readiness to treat the public by any means whatsoever. Our own statute is not so broad. Here empirics of every class may announce themselves as healers or professors, provided, however, they do not use the titles of doctor, physician or surgeon, and do none of the acts enumerated as constituting the practice of medicine and surgery. The reason is obvious. An empiric must be known as such, otherwise the public is deceived. It is the word "doctor" or "physician" which alone wins the confidence of the great majority of men.

As Goethe makes Mephisto say to the pupil:

Ein Titel muß ſie erſt vertraulich machen,
Daß eure Kunſt viel Künſte überſteigt;
Zum Willkomm tappt ihr dann nach allen Siebenſachen,
Um die ein Anderer viele Jahre ſtreicht,
Verſteht das Pülslein wohl zu drücken
Und faſſet Sie mit feurig ſchlauem Blicke
Wohl um die ſchlanke Hüfte frei
Zu ſehen wie feſt geſchnürt ſie ſei.

## A FEW REMARKS ON THE TREATMENT OF PRIMARY GLAUCOMA.*

By C. S. G. NAGEL, M. D., San Francisco.

THE brilliancy—in the widest possible interpretation of the word—of Von Graefe's iridectomy for glaucoma, has not been dimmed by the test of time. That there are cases in every class of primary glaucoma not cured by the operation was known to the great clinician himself, who for nearly fifteen years had practised the operation almost daily. And though one can hardly say, considering the subject as a whole, that the pendulum has ever swung in the opposite direction, still, for a time, there has been some impression abroad, under the influence of other meritorious measures amongst other reasons, as if iridectomy had been somewhat overrated.

Without discussing then the *exact* moment when to do iridectomy in cases of acute inflammatory glaucoma, we may confidently believe with Von Graefe and Arlt that in case of a first attack, even with quantitative perception of light only remaining, *restituto ad integrum* will result from the operation as long as it is done not later than about 14 days after the onset. Taking this as a basal fact, and being in accord with the anatomical findings in cases of iridectomies performed early as well as later, there can be no other conclusion but that in inflammatory glaucoma, acute as well as chronic, we must operate as early as possible, eventually even during the prodromal stage, *e. g.*, if the fellow-eye should already have been injured seriously through the disease. The better the field of vision and the appearance of the papilla, the better the prognosis—where there is only eccentric vision left, the preservation of such through iridectomy becomes doubtful and improvement is no longer to be looked for.

* Read before the San Francisco Society of Eye, Ear, Nose and Throat Surgeons.

Cases of glaucoma fulminans are exceptionally rare. Absolute amaurosis sets in during a few hours in apparently healthy eyes. There iridectomy has only been of more or less benefit during the first two or three days. With regard to the technique the writer would only like to point out that according to Schmidt-Rimpsler traumatic cataract need not necessarily be due directly to the instrument of the operator, but that with the humor aqueous escaping suddenly and the lens coming forward abruptly, a spontaneous rupture of the capsule, particularly in the equatorial region, may happen. In support of this statement the author quotes cases in which, soon after the operation, there had been capsulary cataract in the periphery of the lens, and which then remained stationary. At any rate, this might be considered a further reason to avoid quick escape of the aqueous. With a view of possibly avoiding or lessening retinal hemorrhages, at the Breslau University Eye Clinic, we were wont to have pressure applied to the bulbus by an assistant prepared therefor, immediately after the finishing of the kerato-sclerotomy. A prognostic point not sufficiently known, I believe, is the following:

If after iridectomy the tension be not analogous to the one you would expect following an operation on an eye with normal tension, the curative effect of the operation is doubtful, and the restoration of the anterior chamber will be slow. I should like to just mention that Goldzieker throws out the suggestion that possibly pulling the iris during the operation may have a curative effect, similar to the one in surgical operations on nerves. Arguing from his anatomical findings Treacher-Collins recommends tearing the iris off its root with a view to freeing Fontana's space the more securely, as had been practised already by Bowman. The advantage of this procedure would appear to be that an extremely peripheral incision is not necessary, thus avoiding the possible prolapse of ciliary processes. The conclusion of Treacher-Collins' argument is also for the earliest possible operation. I find in Professon Snellen's recent publication on eye-surgery that he claims prognostic value of favorable portent for the appearance of higher astigmatism after the operation. Adopting Priestley-Smith's well-known theory of the lessened perilenticular space in glaucoma he argues that applanation of the cornea towards the incision implies estasia of the bulbus in the ciliary region, which process the ciliary body is bound to follow, thus filling the perilenticular space. The conviction that in every case of primary inflammatory glaucoma iridectomy is indicated at the earliest has been finally supported by the statistics of Hirschberg and Haab, confirming the frequent absoluteness of the cure effected, in instances up to 32 years. The older the case of standing the less favorable it becomes prognostically, and the more the chronic inflammatory glaucoma loses its inflammatory character, leading over glaucoma simplex, the less can we rely absolutely on iridectomy alone.

Regarding simple glaucoma, the older Von Hippel has absolutely recommended iridectomy at the earliest. Still I am inclined in these cases always to do sclerotomy first, considering in cases of increased tension a subsequent iridectomy; necessary if the bulbus remains more resistent after sclerotomy than would be the case with a bulbus of normal tension. Whilst assistant with Pflueger, of Berne, I have done sclerotomy with implantation of a conjunctival flap in order to the better secure a filtration-cocatrix.

In conclusion I quote from Ziehe-Axenfeld's, the most critical publication extant on the subject, concerning 74 cases of sympathectomy. My own experience of the operation is very limited. They say, in general, sympathectomy is not indicated before iridectomy, the only exceptions would appear to be if iridectomy has done harm in the fellow-eye in cases of hemorrhagic glaucoma, or in glaucoma simplex with extreme deterioration of sight.

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NOTE—At the coming meeting of the State Society there will be presented a symposium on Glaucoma—ED.

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## NEURALGIA AND SOME OF ITS CLINICAL FEATURES.*

By PAUL SANFORD, M. D., San Jose.

IF we accept the analysis of the word neuralgia for its definition, we will find that it falls short of the generally accepted meaning of the term. The term neuralgia is so firmly fixed in our nomenclature, however, that instead of discarding it altogether, it can be, and is modified so as to more specifically express our meaning, by using the suffix algia in connection with the name of the part or parts, which is the seat of pain, as cephalgia, cardialgia, etc. Then again, some pathological conditions accepted as neuralgia have distinct names no way associated in its nomenclature with the term neuralgia, viz: tic douloureux, sciatica, etc. Again, if we note the specific meaning of the word neuralgia, we see that we are yet unfortunate in its inability to accurately convey its true meaning. We are not sure whether algia (pain) is a distinct condition itself, with the nerves subservient to carry the impressions to the sensorium, or whether it is a quality of some other sensation. Dr. Collins, of New York, defines neuralgia as a symptomatic pain, dependent upon functional or organic disease of the sensory neuron, particularly the peripheral sensory neurons.

The cause of neuralgia may be both traumatic and idiopathic. The principal factors of the lat-

* Read before the Santa Clara County Medical Society.

ter are age, sex, heredity, exposure, and any condition that lowers the vitality of the individual, and deprives the nerves of the proper amount of nutritive element, such as auto-intoxication, indigestion, non-assimilation, infection, syphilis, influenza, etc. In auto-intoxication the organs themselves may be derelict in their duties, from pathological causes, or simply overtaxed in their work of eliminating poisonous products from the system. We see this very marked in those indivivuals who through hurry and rush of business haven't time, or don't take time, to properly masticate their food. Or more frequently, by those who live to eat and not eat to live, and whose happiest hours are spent at the table. I believe this is directly and indirectly the cause of more neuralgia than is generally believed, especially sciatica and its complement, lumbago. It has been said that if a man eats too much, he has dyspepsia, grows fat, or breaks out with boils. I might add with the same degree of truthfulness, contracts neuralgia.

The subjective symptom of neuralgia is pain, its character depending upon the cause, nature and location. The description of the pain varies according to the vocabulary of the sufferer and the scope of his imagination. It is almost invariably paroxysmal, and is described as boring, gnawing, tearing, lancinating, lightning-like, etc., varying in intensity and lasting from a second to several minutes, with intervals of comparative ease and comfort. I have seen strong men cry like a child and beg for someone to kill them, and end their agony, while suffering from neuralgia. While possibly not so constant, or probably overlooked, the objective symptoms have great diagnostic value. If we press down at the seat of pain, the patient complains of its being aggravated, and especially is this true when pressure is made at the point where the nerve emerges from its bony canal, or at any locality where the pressure is most efficient. Herpes is seen in that rare form of neuralgia called shingles, though the latter is by some classed among the skin diseases. Occasionally the muscles at the seat of pain are affected by clonic spasms, supposed to be reflexed from the peripheral sensory neurons, to the motor peripheral neurons.

In the treatment of neuralgia the earnest student and honest practitioner has a wide field. It is easy, indeed, after a hurried examination, to diagnose the case in hand as neuralgia, and prescribe one of the almost infinite variety of palliating remedies to relieve the pain. This is well enough, but it is quite another thing to reach the cause and direct the treatment for its removal. I find the cause in many instances quite obscure. It is difficult to say sometimes whether the affection is neuralgia *per se*, or a symptom of some other disease.

I wish to refer to a patient I had in Colusa county some five or six years ago. The lady was suffering with pain in the right maxillary region, and on examination I detected a decayed tooth on the right side. I referred her to a dentist. The dentist referred her back to me, saying that the tooth in question was not in any way responsible for the pain. This was during an epidemic of la grippe. As I had several patients with grip where the glands of the neck and jaw were involved, resulting in suppuration after five or six days of intense suffering, I thought this also might be that complication. I gave her some morphine to relieve her, poulticed, and awaited the suppuration. There was but little swelling, but the pain was excruciating; not paroxysmal, as in tic. Nothing except morphine gave her any relief. The jaw became almost set. This condition remained for about 10 or 15 days, when the pain became gradually less severe and in two or three weeks more left entirely. During this time the right side of the face became smaller and the right eye became about half its usual size, but proportional in its parts. The face presented a peculiar expression; each side seemed normal in its anatomy and function, except that the lower jaw was impaired in its action. This was the condition when I last saw her about two months after she was first seen. Was the case referred to neuralgia? If so, what was the cause? And what produced the atrophy, you might call it, of the affected side?

Even with our best efforts we are often subject to disappointment in the treatment of neuralgia. We sometimes flatter ourselves that we have found almost a specific, in certain forms of neuralgia, and begin to count our cures with full assurance of continued success, when all at once, in common parlance, "we are up against it". I had a few cases of obstinate sciatica that yielded so readily and nicely to deep injections of ether, that I began to flatter myself that I had the remedy. But I fell into the error of treating empirically, without discovering the etiology and directing my efforts to removing the cause. It is useless to say that the result was disappointing.

One of the most interesting cases of neuralgia I have chanced to meet was encountered here in this city. Some two or three months ago a man came into my office with a complaint that dated back some five or six years. At that time he was picking fruit and doing some heavy lifting. He noticed a disagreeable sensation in his right side that could hardly be called a pain, but gradually grew worse, though not severe enough to keep him from work. It finally assumed a certain stage, sometimes better sometimes worse, changing as the weather and his work varied. He was not confined to his bed at all. It was necessary for him to be quiet most of the time and he was not able to do heavy work. Sometimes the pain was tolerably severe. It seemed to originate in the right side and run down the anterior of the thigh to the foot. Again, at times, he would notice it only in his leg. His sleep was greatly disturbed, of course, and his health impaired; his system seemed to give way under the effects of his ailment. After eliciting the above history I made an examination. I found the ribs on the affected side very close to the brim of the pelvis and so close to each other that they seemed to ride one on the other. I told him I did not see that I could do him any good with medicine, and referred him to a masseur, with the hope that possibly a course of massage might help him by re-

storing the ribs to their proper position. He seemed to improve very much under this treatment, for the first week or so, but after a pretty fair trial of some two or three weeks he was as bad as ever. I called Dr. Perrin in consultation, and he, in the main, agreed with me in diagnosis. We advised an operation. I told him to study over the matter and that I could not promise him anything, even by this procedure. He finally concluded to take his chances in an operation. Dr. Whiffen agreed with me, that an operation might give him relief. He suggested that we remove part of the anterior portion of the tenth and eleventh ribs, and as a kind of guess, stretch the anterior crural nerve and some of its small branches. This was done on the 18th of July last. I am not able to report a complete recovery as yet, but my opinion is that the result of the operation is going to be satisfactory.

In closing this paper I wish to report a case that came under my observation before I became a student of medicine. The case referred to was one of traumatic sciatica in a friend of mine. In July in the eighties, when a student, he was taking exercise by jumping, after which he felt some uneasiness in his left hip, but paid very little attention to it, thinking it would soon pass away; but instead of getting better, it gradually grew worse. He spoke to his preceptor, with whom he was studying medicine, and the latter suggested that my friend use a cane, and gave him some liniment to apply. His condition grew worse, until it became necessary for him to use a crutch. He had planned to attend lectures that fall, and he went to St. Louis for that purpose, still using the crutch. He consulted several doctors in St. Louis, but none of them did him any good. He gave up his lectures the first of the year and came home. His preceptor put him on his back, with a long splint reaching up beyond the hip, and immobilizing the hip joint. He remained in that position for 60 days, and when he got up was entirely well.

This history is especially interesting to me, because of the diversity of opinion in the diagnosis among several of the most eminent surgeons who saw the patient at that time. Whatever may be the cause of neuralgia, whether traumatic or idiopathic, or whether neuralgia has a lesion itself or is only a symptom of another disturbance, our efforts should be to get at the bottom of the pathologic condition, and give permanent relief when possible, whether that be through medical or surgical means.

DISCUSSION.

In the discussion Dr. R. A. Whiffin referred to the subject as follows: Resection of a portion of the tenth and eleventh ribs for the patient referred to by Dr. Sanford, and upon whom I operated, gave absolute relief from the pain in the side, while the stretching of the anterior crural nerve gave relief from the pain the patient experienced in the leg, but left in its place a soreness which is no doubt due to the disturbance produced by stretching the nerve and it is a question with me whether it will finally give complete relief or not.

I wish to mention a treatment for tri-facial neuralgia recently tried by Dr. J. B. Murphy of Chicago, but which has been used by some English surgeon on a number of cases. It consists in dissecting out the supra-orbital, infra-orbital and mental nerves at the points where they emerge from their bony canals, and injecting into them a few drops of osmic acid. This gave relief to Dr. Murphy's patient, although the exact action of the acid in doing so is not definitely known. If this treatment should prove successful it will be a blessing to sufferers from tri-facial neuralgia as it will save a great many of them from the ordeal of resection of the nerve inside the skull. I think it is worth consideration.

Dr. I. N. Frasse: It is of great importance, whether a pain be neuralgia or not, in concentrating our thoughts upon a cure, to not accept it as necessarily being, where at first glance it seems to be, but that we take into consideration that many pains have a distant origin. This is extremely common in neuralgias of a chronic variety. You all know that in tic douloureux the nerve pain is sent out to the nerve endings from a more central origin, and that only too often nothing short of removing the ganglion will give more than temporary relief. A sciatica is often but symptomatic and, owing to the intimate relation with the rectum, it may be due to the pressure of a scybalum in, or to a tumor of that portion of the intestine. This is particularly common on the left side. How often do you find nerve pain at the inside of the knee mistaken for a neuralgic pain when perhaps it is due to hip-joint disease? The ankle is abundantly supplied with nerve filaments, and through the medium of the long saphenous, and of the other five nerves supplying this region, pain is sometimes transferred from tumors and other diseases of the spine in the neighborhood of the lumbar and sacral regions.

Sometimes a nerve pain of a neuralgic type is due to an inflammatory disorder, but is transferred like any other nerve pain. The sympathetic supplying the abdominal contents receives filaments from the spinal nerves, which in turn supply the abdominal walls, and I may recall to your minds that the oncoming pain of recurrent appendicitis is often felt at first in the region of the umbilicus before it is manifested in the locality of the appendix itself. And so one might mention examples without end wherein the physician must be on his guard.

Dr. J. E. Truman: In reference to neuralgia, my experience leads me to believe that it is always, when not toxic, due to the products of malassimilation, infectious disease or allied causes; a reflex phenomenon. A lesion or source of irritation more or less remote from the seat of pain may always be looked upon as the source of the trouble. We are all familiar with the left breast pain, headache and, in fact, pains in any part of the body from the cicatrical plug of a lacerated cervix; the various neuralgias from carious teeth, and many other reflexes. I believe that when we have pain in the nerve locally, it is always of the character of neuritis. As to treatment, my experience favors massive doses of sodium salicylate. Although this empirical, it can be relied upon.

Dr. G. F. Witter: I shall not attempt to add anything to what has already been so ably offered at this time, farther than to ask that the closing reference to the importance of learning the exact changes which are sure to command our attention and anxiety in some of the developed reflexes which so often confront us in this class of the nerve group of diseases. I can do no better in this connection than to refer to a case that came under my observation some time since, after the patient had returned from the medical care and supervision of a prominent expert in nervous diseases, who was a resident of Chicago. The able expert pronounced the disease absolutely dangerous and incurable, and his sincerity was the more manifest when he advised the patient to return home and close up his business without delay. A careful examination into the case of the almost unendurable pain in the left eye and left orbital nerve revealed the fact that the pain had its origin in the lower branch of the auriculo temporal nerve, and that the pain radiated in the region of the ear along the lower left jaw and teeth, which was evinced most clearly by finding a tender and painful point along the jaw

by striking the teeth along the left submaxillary with a tooth forceps, until I reached the wisdom tooth, which was found almost alarmingly tender and painful. This tooth was extracted, and the pain, which had been so alarming, soon subsided and the eyes resumed their normal action and appearance. This case speaks volumes in favor of the theory advocated by Dr. Sanford, as well as the line of argument of Dr. Asey and other able supporters of the reflex theory.

## ASEPSIS; ESPECIALLY IN THE PRACTICE OF OBSTETRICS*

By J. W. GRAHAM, M. D., Lompoc.

IN undertaking to write upon "Asepsis," the first difficulty encountered was to define the limits of the subject; once decided upon, the next question that presented itself was how best to make use of the time allotted for its discussion. It is impossible in this paper to go with any fullness into the details of the experimental research by which the truth of the germ theory was proved. Adopting the germ theory of putrefaction and fermentation, the great importance of cleanliness and of antiseptics is made plain, means which will exclude the access of germs. The question now is: What is necessary to be done to prevent sepsis occuring in the obstetrical chamber?

The following from the pen of a noted writer, an obstetrician of wide experience, seems to me to be up-to-date advice, and about what we hear and read from every source. Asepsis, as advised by him, is not necessary in a country practice, if it were attainable, which cannot be the case once in a thousand times:

**When a patient is taken in labor, she is given a full tepid bath and scrubbed with soap, and to make the bath still more effective, it might be well to add soda to the soap and water; after the bath she is dressed in clean clothes and placed in a clean bed; under the sheet of which is placed a rubber sheet disinfected with bichloride, 1-1000. She is given an enema of soap suds; her abdomen, thighs, buttocks, and especially all the sulci at and near the genitals, are carefully washed with bichloride, 1-2000; after this about two quarts of the same fluid is injected into the vagina.**

Now if the woman is still alive and in as good health, and as free from bacterial infection as she was when the ordeal began, and has not already been confined, she surely will be by the time the doctor is in good antiseptic trim to see her.

**He ought to take off his coat and cuffs, roll up the sleeves of his shirt and undershirt, and clean and disinfect his hands, chemically and mechanically. It is not enough to use soap and rub our hands one against the other, as in ordinary cosmetic washing. The whole hand must be carefully scrubbed with a stiff nail brush, the doctor taking particular care to scrub the spaces under the nails and the creases at their root. After washing the hands are wiped dry and the spaces under the nails carefully scraped with a suitable instrument. This performed, the hands are emersed in a bichloride solution, 1-200, for at least three minutes, in which the scrubbing may be repeated.**

It appears that the washing and scrubbing out with soap and disinfecting and antiseptic procedure with the bichlorid solution must be in separate acts, that it is not sufficient or desirable to use the soap in the bichlorid solution; I would suggest the reason for this that in using both at the same time the bichlorid might interfere with the antiseptic properties always contained in soap. The soap used is the soft potassa variety, and in a sensible conclusion he adds, in evidence of the true merit of soap as an antiseptic:

**We cannot have a better proof of the high practical value of this soap as an antiseptic than the excellent results obtained in the large lying-in hospital of Vienna, where they have had a series of five hundred confinements, without a death from sepsis," for, says he, "since the standard antiseptic used in that institution is only a ½% solution of carbolic acid, which has been proved experimentally to possess very weak antiseptic properties, it would seem that the results obtained are due more to the soap than to the carbolic acid.**

In my paper today it is my purpose to show that asepsis, in the sense in which it has come to be accepted, is unattainable and not necessary for the obstetrician in a country practice. Owing to the fact that progressive country doctors are largely dependent for their knowledge of bacteriology and other kindred sciences upon books and magazine articles written by the city men *for* city men, we have unconsciously accepted metropolitan standards of asepsis which, although well enough perhaps as ideals, are nevertheless unattainable (and unnecessary) in our surroundings and the conditions we have to meet in a country practice.

In support of this statement I would call the attention of my colleagues to a few facts with which, although I am sure you are all quite familiar, perhaps have not been placed before you in such a way as to lead to reflection upon their true merit and their value, to the majority of the medical profession. We, the country physicians, are they who meet and overcome the real trials and difficulties of medical practice.

First. I wish to ask of you: How many ever considered the importance of one fact, well known to all of us, that although we do operation after operation with, from the accepted point of view, very imperfect or no attention to strict asepsis, our results do not show a greater proportion of septic infection than do those of city doctors, who operate in hospitals where asepsis and antiseptics are carried to an extent which would be neither desirable nor attainable with us in our surroundings? This is due to several facts, and it shall be my endeavor, in this paper, to place them before you in their true significance. We have the records of very exhaustive bacteriological experiments carried on at great cost and labor, the practical results of which have been entirely ignored or at least never applied to any material

*Read before the Santa Barbara County Medical Society.

(Continued on Page 133.)

# MEDICAL SOCIETY MEETINGS.

### Alameda County.

The meeting of the Alameda County Medical Society for March was the occasion of the annual banquet, and no business was transacted, nor papers read, the evening being spent in social intercourse.

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**Correction**—In the report of the February meeting of the Alameda County Society, the history of a remarkable case of hydatid cyst was printed as reported by Dr. J. F. Rinehart, whereas the author's name should have been printed Dr. George F. Rinehardt.

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### Humboldt County.

The annual meeting of Humboldt County Medical Society was held Tuesday evening, March 8, at Eureka, and the following officers were elected for 1904: President, G. W. McKinnon, Arcata; vice-president, O. W. Sinclair, Eureka; secretary, G. N. Drysdale, Eureka; treasurer, C. O. Falk, Eureka; delegate to State Society, W. H. Wallace, Eureka; alternate, R. E. McKibbon, Loleta.

The following were appointed on committees for the year:

Program and Scientific Work, Drysdale, Rae, Felt, and C. W. Mills; Public Health and Legislation, Chas. Falk, E. J. Hill, and A. V. Miller; Social Entertainment, H. G. Gross, Louis Dorais, and T. L. Loofbourrow.

Dr. B. Y. Harris of Eureka was elected to membership.

G. N. DRYSDALE, Secretary.

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### Los Angeles County.

The Los Angeles County Medical Association held a regular meeting at Blanchard Hall on Friday evening, February 19, 1904.

The first paper of the evening was read by Dr. W. M. Lewis on "Intestinal Obstruction from Peritonitis due to Traumatism, with Report of a Case." He reported a case of a farmer, 45 years of age, who had complete obstruction of the bowels from the kick of a horse, operated upon twice, with severe fecal-fistula following, and recovered. In this case he called attention to the following points:

1st. Perforation of the intestine from severe contusion without a single sign of an injury to the abdominal wall; 2nd, The resistance of the peritoneum to infection in some cases; 3rd, Closure of fecal-fistula under absolute rest; 4th, Closure of abdominal wound by use of adhesive straps only; 5th, Treatment: Following a method used by Ochsner.

Dr. Andrew Stewart Lobingier then read the second paper on "The Early Recognition and Treatment of Intestinal Obstruction." He gave the cardinal symptoms as obstipation, pain, vomiting, meteorism, and collapse. All of these symptoms may not be present in a single case, but sufficient of them to leave the surgeon anxious to bring to bear some definite measure which shall determine the true condition present. More cases of intestinal obstruction have been recorded as following vaginal hysterectomy, than any other intra-abdominal operation. The treatment of intestinal obstruction is immediately and at all times surgical. Early diagnosis and early operation should be our doctrine in every instance where briefly and skillfully applied therapeutic measures have failed to relieve the patient.

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A regular meeting of the Los Angeles County Medical Association was held in the Blanchard Building on Friday evening, March 4, 1904.

The first regular paper of the evening was read by Dr. F. M. Pottenger on "Specific Medication in Pulmonary Tuberculosis." He said in part, the theme of every paper dealing with the treatment of tuberculosis should be that tuberculosis is a curable disease; the most curable of all chronic maladies. The claims of tuberculin and its allies to be considered as specifics is based upon its peculiar selective action which they have upon tubercular tissues, when injected into organisms affected with the disease. In 1100 cases of incipient pulmonary tuberculosis tabulated by the writer, 20% more patients were cured by the use of culture products than those treated by ordinary means. These remedies are only of value in tuberculosis, they must not be expected to combat a mixed infection or a case of pneumonia, nor must they be expected to replace the dead and dying tissue, which has resulted from the complications of the advanced stages of this disease. Specific remedies, no matter in what disease used, should be reinforced by every other measure of recognized worth. That tuberculin and its allies in early and non-febral cases, and streptolytic serum in mixed infection, we have the remedies, which, when added to the ordinary common-sense measures, remove much of the cloud hanging over this misunderstood and neglected disease, and prove it to be amenable to treatment and capable of cure in a large percentage of cases.

Dr. C. W. Seeber read the second paper on "The Treatment of Pneumonia." Among other things he said, of all things most necessary an abundance of fresh air is the desideratum in this disease. The patient's position should be frequently changed. The carbonate of creosote has acted as near a specific as any drug in any other disease with which I am familiar. I begin with 15 minims, repeat it every two hours until two drachms are taken and then at three hour intervals until the temperature falls to 102 degrees, after which time I give about a drachm in the 24 hours until the patient is comparatively well. He also uses strychnia in sufficient doses to improve the heart's action, and relies chiefly upon coffee as a stimulant. He said, "I rarely give cough preparations of any kind, and as to external applications, I seldom use them."

JOS. M. KING, Secretary.

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### Marin County.

The regular monthly meeting of the Marin County Medical Society was held at Dr. Jones' office, San Rafael, on February 6th.

A paper was presented by Dr. H. O. Howitt entitled, "The Diagnosis of the Eruptive Fevers." The paper was discussed by Drs. Jones, Crumpton, Wickman, Kuser, and Mays, stress being particularly laid on the necessity of better quarantine than is usually observed, and of educating the public up to a proper appreciation of the necessity of it.

A. H. MAYS, Asst. Secretary.

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### Merced County.

The regular meeting of the Merced County Medical Society was held March 3rd, in the office of Dr. DeLoss.

On motion of Dr. Rucker, Dr. J. H. Wolfsen was elected to membership. The paper for the evening was prepared and read by Dr. H. DeLoss, the subject being "Puerperal Eclampsia."

The paper was concise and practically dealing with the symptoms and treatment of this serious condition, largely from personal experience. The subject was thoroughly discussed, the meeting being a very profitable one to all those present.

W. E. LILLEY, Secretary.

### Monterey County.

The County Medical Society met in regular session for the month of March at the Carmelo Hotel, Pacific Grove. The president, Dr. Edwards, in the chair, and a good attendance of members participated in the meeting. Dr. Molgaard read a paper on "Paracenticis of the Tympanum, Its Necessity and Its Technic." The paper was discussed at some length by the members present. A report of the committee on fee bill was called for, and the chairman of the committee, Dr. Ritchie, reported that the committee had done considerable work, but was not yet prepared to make any recommendations. The general discussion of the question which followed brought up a number of points of great interest closely related to the general question of organization and the influence of the County and the State societies. Dr. Philip Mills Jones, of San Francisco, the organizer for the Board of Trustees, had been invited by the Society to attend the meeting and to discuss with the members these questions of organization. He called attention to the fact that no fee bill or schedule of fees, or agreements of any sort would be of any practical worth unless such undertakings were backed up by every physician in the county represented in its county medical society. If all the practitioners in the county would join together to form a solid medical society (practically all are now members of the society) then they could do very much. The principal thing is to get together and agree upon some common basis, and then all hold together and support it. It was agreed by all present that lodge practice in Monterey county should cease, and all the members of the society concur in their refusal to undertake any of this class of work. The matter of railway work was discussed, and all agreed to abide by whatever determination was reached, eventually, by the society. The meeting was an unusually good one and the interest of the county physicians is a clear indication of what a little effort will do in bringing about good feeling and solid organization. The power which the county society, as a part of the State Society, can exercise was well illustrated in the case of Dr. Teaby, mentioned elsewhere in the JOURNAL. The society determined to meet next month at the Monterey Hotel, Monterey, and to extend the time during which charter members may join the society until the 15th of April. The society then adjourned to the dining-room of the hotel and discussed an excellent supper provided by the physicians of Pacific Grove.

### Napa County.

The Napa County Medical Society met in Napa, March 1st.

Dr. D. E. Osborne was elected delegate and Dr. E. E. Stone alternate to the coming meeting of the State Society.

No papers were read before the society, Dr. Blodgett, who was to have read one, being unable to be present.

On adjournment it was decided to meet in Napa on June 14th with the Northern District Medical Society.

J. L. ARBOGAST, Secretary.

### Orange County.

The Orange County Medical Society met in regular session in Santa Ana, Tuesday, March 1st.

Dr. F. E. Wilson of Westminster read the paper of the evening, his subject being "Tonsilitis." The paper was the cause of quite an animated discussion, the principal feature of the discussion being the relationship existing between tonsilitis and rheumatism, which, I am sorry to say, was not definitely settled.

H. S. GORDON, Secretary.

### Sacramento County.

On February 16, 1904, the Sacramento Society for Medical Improvement met in regular session at the residence of Dr. D. L. McLean. The president, Dr. Ross, called the meeting to order and the following members answered to roll call: Drs. W. E. Briggs, Cartwright, Hanna, Hatch, Henderson, James, Krull, McGavren, McKee, McLean, Hesser, Foster, Ross, G. C. Simmons, G. L. Simmons, Strader, Stevenson, Twitchell, J. L. White, Wiard, and Wright. Dr. Harcourt, formerly a member of the Society, now a resident of Roseville, was a guest of the Society.

After the usual preliminary business the paper of the evening was read by Dr. D. L. McLean on "Gastric Ulcer." The discussion was opened by Dr. Twitchell and partaken in by many of the members present.

The meeting then adjourned.

J. W. JAMES, Secretary.

### San Francisco County.

The regular monthly meeting of the San Francisco County Medical Society was held March 8th, 1904, the president, Dr. Rosenstirn, in the chair.

The subject of the scientific program of the evening, was Tumors of the Brain, Dr. Leo Newmark treating of their diagnosis, and Dr. Fred Fehleisen of the modern technic of exposing and removing them. Both papers were most favorably received and extensively discussed; an abstract of the discussions is here presented:

*Dr. Cooper*—I think that if one wishes to get the utmost benefit from these cases one has to do as Dr. Newmark has done, follow them through their clinical history, to the operating room and further, to the post mortem. The better the neurologist and surgeon, the better it is for the patient. One is likely to confuse hysterical affections of the nervous system with brain tumors. A patient with all the stigmata of hysteria may have a brain tumor; a combination of these symptoms may exist. It is in this combination one gets benefit from examination of the fundus of the eye. In repeated examination, rather than in solitary examination, we will derive our explanation of these symptoms. Harvey Cushing, in Kocker's clinic, has shown that the blood pressure in such cases depends upon the intracranial pressure; if we have high pressure we should expect a high blood pressure, and when the vaso motor pressure does not overcome the high intracranial pressure, symptoms of paralysis supervene. If Harvey Cushing is right, we can be aided in making a diagnosis, from his methods; as the intracranial pressure varies, so must the blood pressure vary.

*Dr. Brown*—I noticed in watching Dr. Keen operate that he worked very rapidly with the chisel. He had no hesitancy in opening an immense area of the skull. In less than 15 minutes he had laid bare a part of the skull that was nearly equivalent to the size of my hand. The osteoplastic flap exposing the entire region is much better than a small opening. I have seen a case of this sort, where the surgeon trephined the skull, the tumor exactly fitted the opening that he made, and was not recognized. He closed the skull and the patient died. If he had made a flap he could not have failed to notice and remove the tumor. I removed, at autopsy, a tumor, where an accurate diagnosis as to localization had been made; where an immense tumor had been accurately located. The trephine had been used immediately over it, but the surgeon failed to recognize the position of the tumor through the small opening, and this had prevented its successful removal.

*Dr. Stillman*—If there is any field of medicine which should be a specialty, I think this is it. Those men

who are doing the most intelligent work ought to be encouraged and furnished with the greatest amount of material. Dr. Cooper's remarks about the brain pressure I think furnish the probable explanation of the great mortality which accompanies exploratory operations. On that account, as well as for other reasons, I object to osteoplastic flaps. As Dr. Fehleisen said, if you have to make it bigger afterwards the value is lost. If we cannot remove the tumor the least we can do is to relieve intracranial pressure. It must be kept in mind that cystic tumors are not infrequent in comparison with tumors of the brain in general and mere evacuation does not always give assurance of permanent recovery. I do not think that the present results in this field are anything like what they will be in time. The surgical part is the least part of these cases. The diagnosis is the most important. It requires close reasoning and the minutest observation.

*Dr. Sherman*—I wish to speak only of one or two points because of my lack of experience in these cases. I have only opened two skulls for tumors and one skull happened to be opened twice. As regards the method of opening, I agree with Dr. Stillman; the real work in these cases is done by the neurologist. I have always used the osteoplastic method. That permits you to restore the skull if you succeed in getting out your tumor. I have done that practically always with the chisel. I have never used the dental engine. I have been informed that the dental engines cause excessive hemorrhage. Fraser, in a recent article, speaks of hemorrhage which comes from use of the engine. The chisel is absolutely harmless. The hemorrhage which occurs during the incision, whether with burr, or rongeur or with the chisel, is due to intracranial pressure. In this same paper of Fraser's he states that he has in certain instances stopped his operation and completed it later, because of the fall of blood pressure and the patient being in shock. He quotes Kriel, who has stated the ease with which the circulation in the tumor and skull can be controlled by temporary ligation of the carotid arteries. Fraser says it is a dangerous proceeding. The blood pressure in different individuals varies within wide limits.

*Dr. Pischel*—Regarding the frequency of neuritis in tumors of the brain I wish to refer to a paper which I read a few years ago. I found in 908 cases of brain tumor that over 81% showed disc atrophy of the optic nerve. The immediate cause of the formation of choked disc is still discussed.

Colonel A. C. Girard of the Army, being called upon, stated that he was pleased to announce that he was to be stationed in San Francisco and would be able to attend the meetings more regularly.

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### San Joaquin Valley.

The 17th regular semi-annual meeting of the San Joaquin Valley Medical Society was held at Tulare on Tuesday, March 8. The papers presented were as follows:

"The Treatment of Strychnine Poisoning," by Dr. J. B. Rosson, Tulare; discussion opened by Dr. W. E. Lilley, Merced; "The Causative Relation of the Mosquito to Malaria," by Dr. W. H. Miller, Hanford; discussion opened by Dr. H. W. Taggart, Stockton; "Cyclic Vomiting," by Dr. A. B. Cowan, Fresno; discussion opened by Dr. T. O. McSwain, Visalia; "Defects of Hearing in the Young and Old," by Dr. D. H. Trowbridge, Fresno; discussion opened by Dr. W. S. Fowler Bakersfield; "Puerperal Septicemia and Its Treatment," by Dr. R. E. Bering, Tulare; discussion opened by Dr. W. T. Barr, Fresno.

The physicians of Tulare tendered a banquet in the evening to the members and guests at Odd Fellows' Hall.

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### Santa Barbara County.

The Santa Barbara County Medical Society held its regular monthly meeting in the parlor of the Arlington Hotel, Wednesday, March 9th, 1904. The meeting was called to order at 8 P. M. by the president, Dr. Charles Anderson. The following members were present: Drs. Charles Anderson, W. F. Blake, W. T. Barry, W. B. Cunnane, W. H. Flint, S. Newman, H. Sidebotham, C S. Stoddard, C. E. Vaughan, A. W. Taylor and R. F. Winchester. Visitors: Dr. J. B. Murphy, Chicago; Dr. E. J. Spaulding, Cottage Hospital; Miss McGregor and Miss Pettinger, nurses.

Dr. Stoddard reported a very interesting case, "Intubation for Membranous Croup, Followed by Death from Pneumonia." A second case occurred in the same family, but the symptoms disappeared after administration of nine thousand units of Antitoxin within twenty-four hours.

The paper of the evening, "Twenty Years' Recollections of Antiseptic and Aseptic Surgery, 1884 to 1904," was read by Dr. Barry, and was followed by a spirited discussion in which all the members present took part.

At the request of the president, Dr. J. B. Murphy entertained the Society with a very interesting account of his experience in antiseptic and aseptic surgery, from the time he began practice up to the present.

He said antisepsis was of chief importance in emergency, and asepsis in elective surgery; instead of wearing gloves while operating, it was his custom, after carefully washing the hands with soap and water, to bathe them in a solution of four per cent., by weight, of gutta-percha in benzine, which leaves a thin film impervious to fluids, for about three hours. He believes that infection is always by contact, and cited numerous cases as evidence of that fact; hence, it follows that neither fingers nor instruments should be introduced into the wound of a compound fracture. Judging by his experience, he believes all cases of peritonitis, except the streptococcus variety, should recover if properly treated. In a peritonitis due to perforation in typhoid fever, appendicitis, or perforation from any other cause, all that is necessary is a simple laparotomy to relieve pressure, and then drainage; mopping, washing, sponging or handling the intestines or peritoneum in any manner whatsoever he considers a fatal mistake. After the operation, he places the patient in a half sitting position, that is an angle of thirty-five to forty-five degrees, avoids medicine, especially opiates, and administers an enema of 1½ to 2 pints of normal salt solution every 2 hours. He reports fourteen consecutive recoveries treated in this manner.

On motion, the Society thanked Dr. Barry for his able paper, and Dr. Murphy for his interesting remarks.

Dr. H. P. Morrey was elected to membership in the Society. Dr. C. E. Vaughan was requested by the president to draft appropriate resolutions respecting the death of Dr. R. Mackinley, with instructions to report at next regular meeting

The following resolutions were adopted:

WHEREAS, There is now pending before Congress a bill known and designated as, "A bill to Increase the Efficiency of the Medical Department of the United States Army," and

Whereas, This bill, as a whole, is of great merit and is needed, to do justice to the officers of the Medical Department of the Army, therefore, be it

Resolved, That we request our Senators and our Representative in Congress to vote and work for the pas-

sage of the said bill, with the exception of the last five lines of Section 9, of said bill, and that we request our Senators and Representative in Congress to use all their influence to have the said last five lines of Section 9 omitted and an amendment inserted that all officers of the Medical Reserve Corps of the Army who may, or shall, be permanently disabled either by sickness or wounds while on duty in active service in the United States Army shall be placed on the retired list of the Army as other officers of the Army, with the same pay and allowance as other officers of like rank and grade.

Resolved, That a copy of these resolutions be furnished our Senators and Representative and their coöperation asked.

Resolved, That other medical societies be asked to cooperate in this matter.

The last five lines of Section 9, referred to, read as follows: "Provided, That no officer of the Medical Reserve Corps shall be entitled to retirement or retirement pay; nor shall he be entitled to pension except for physical disability incurred while in active duty and in line of duty."

This bill as it stands now proposes to cut off officers of the Medical Reserve Corps who are to have the same duties, responsibilities and dangers incident to the service with less than a common soldier. As these men work alongside the officers of the Medical Department and do the same duties, and have the same responsibilities and are just as liable to be invalided by the same diseases and accidents, it is only just that they should have the privilege of retirement for permanent disabilities incurred while in active duty that are incident to the service and incurred in the line of duty.

W. B. CUNNANE, Secretary.

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## AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY.

### Annual Meeting of the Western Section.

The annual meeting of the Western Section of the A. L. R. & O. Society was held in San Francisco on Friday evening, February 26th, and Saturday afternoon, the 27th, in the rooms of the San Francisco County Medical Society, Y. M. C. A. Building. Both meetings were very well attended, and the sessions were the most successful the Section has ever held.

A program consisting of 21 numbers was contributed to by noted specialists, both of this Coast and from several Eastern cities.

Dr. Redmond Payne, chairman of the Western Section, in opening the proceedings, introduced Dr. M. W. Fredrick, president of the local Society of Eye, Ear, Nose and Throat Surgeons, who extended on behalf of that society a hearty welcome to San Francisco. Dr. Payne then said:

You have heard the warm words of welcome by my esteemed colleague, Dr. Fredrick. I simply wish to add my hearty confirmation of them and that we wish to make you most welcome; we wish to express our hearty appreciation of the presence of those who have come long distances to take part in this meeting. West of Chicago there are not more than 25 or 30 members in this Society. They occupy the territory of an empire, so that to come to San Francisco from Washington State is almost like going across the continent, and even the distance from Southern California to San Francisco is much greater than from almost any point in the East to the meeting place of any one of the Eastern sections. The number of those who are taking part in this program from various parts of the West shows their good intentions and their effort to take an active part in the scientific work of this Society. Many of them, however, have been prevented from reaching here for various reasons, causes we are all familiar with, that happen to the physician when he tries to get away from home. We are deeply appreciative of the effort of these fellows, even though they have not found it possible to be present. It only brings out more strongly, however, the greater appreciation we should feel for those who have succeeded in being present from those widely separated sections, and who will take an active part in carrying out the purposes of the meeting. We have a number of very interesting papers which will be presented this evening, the reading and discussion of which I know will be to our benefit and advancement, and though our numbers are small, good work can nevertheless be accomplished. There must be beginnings in meetings of this character upon this Western slope. I regard this as a beginning. I only hope that it may prove sufficiently encouraging to enable the chairman of our next Western Section to greatly improve upon it and thus attract many of our Eastern confreres.

Space will not permit more than mere mention of the papers, but in future issues of the STATE JOURNAL it is hoped to print some of these in full.

Dr. Wallace I. Terry, San Francisco, read a paper on "Malignant Diseases of the Larynx; Laryngotomy; Artificial Larynx; Demonstration." Discussion by Drs. Arnold, Wagner and Stillson.

Dr. Benj. F. Church, Los Angeles, a paper on "Radical Operative Treatment of Chronic Suppurative Otitis Media." Discussion by Drs. Martin, Pischel, McCoy, Stillson, Powell, Briggs, and Arnold.

Dr. Redmond Payne, San Francisco, "Demonstration of Cases Operated Upon for Empyema of the Frontal Sinus, Maxillary Sinus, Ethmoid Cells and the Sphenoidal Sinus." Discussion by Drs. Fredrick, Cohn, Wagner, McCoy, Pischel, and Arnold.

Dr. Philip King Brown, San Francisco, "The Relation of Heart Disease in Children to Various Throat Affections." Discussion opened by Dr. M. W. Fredrick.

Dr. Henry L. Wagner, San Francisco, "The Cure of the Throat in Children." Discussion opened by Dr. W. E. Briggs.

Dr. W. Freeman Southard, San Francisco, "Cerebral Abscess with Perforation of Skull at Vertex; Extension from Suppurative Otitis Media; Operation; Recovery; Demonstration of Case." Discussion by Drs. Stillson and Powell.

Dr. J. Dennis Arnold, San Francisco, "The Throat Affections in Glanders in the Human Subject."

Dr. W. Scott Franklin, San Francisco, "Congenital Bone Atresia of the Nose; Report of a Case." Discussion by Dr. Fredrick.

Dr. Hamilton Stillson, Seattle, "Ocular and Cerebral Affections from Nasal Diseases." Discussion opened by Dr. Barton Powell, Stockton.

Dr. J. M. Flint, San Francisco. Demonstration of casts of the frontal sinus and of the antrum of Highmore.

A number of other papers were read by title.

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**"Unscientific and Careless Prescribing** of Secret and Proprietary Remedies" is the title of a very fine paper by Dr. Harry R. Purdy, in the *New York State Journal of Medicine*, March, 1903: "Prescribing of tablets by the numbers used by manufacturers in their price-lists to designate the various combinations is on a par with the dosing carried out on certain vessels of the merchant marine, which carry a medicine chest, but have no doctor on board. The bottles of medicine in the chest are duly numbered and with them is a book describing the symptoms which require a dose of such-and-such a numbered mixture. Many of you may remember the old story of the ship's mate who went to the captain stating that a sailor had symptoms which, according to the book, required a dose of No. 9 mixture, but that No. 9 bottle was empty. 'That does not matter,' said the captain, who, in the emergency, rose almost to the level of certain modern prescribers, 'give him equal parts of No. 4 and No. 5.'"

## PUBLICATIONS.

**Diseases of the Nervous System; a Text-book for Students and Practitioners of Medicine.** By H. Oppenheim, M. D., professor at the University of Berlin. Translated and edited by Edward E. Mayer, M. D., Pittsburg, Pa., with 343 illustrations. Price, cloth, $5.00 net, Philadelphia: J. B. Lippincott Co.

Oppenheim's Diseases of the Nervous System is so well and so creditably known to all students of neurology that this review will only serve to acquaint them with the fact that a second American edition has lately been issued. The book, as stated in the preface, is not only a judicious review of neurology, but contains much original information that Professor Oppenheim has published nowhere else. It has only to be thoroughly read to gain warm appreciation, and when once read will frequently be referred to, and rarely in vain, for information on any doubtful neurological point. We believe the value of the book would have been enhanced if the references gave the journal in which the authors published their quoted work. Moreover, the English text shows evidence of an hastiness in translation which sometimes mars the lucidity of the work, e. g. under the the heading, Scleroderma, we find "the prognosis is an earnest one" instead of "a serious one," and many of the sentences are labored and involved. With these exceptions we have nothing but praise for the work. The method of electrical examination of muscle and nerve, that bugbear to many students, is made clear and lucid. The illustrations, though comparatively few, are accurate and convincing. In the chapter on tumors of the brain the fatal results which have occasionally followed lumbar puncture are referred to, but the terms optic neuritis and choked disc are used indiscriminately, to which we believe our friends the oculists object. The chapters devoted to a consideration of "The Neuroses" are extremely interesting and instructive and there are a few pages devoted to a description of "the Psychopathic Diathesis" under the headings "Conditions of Fear," "Imperative Ideas," etc., which are really helpful. In conclusion we would add that in our opinion this text-book is absolutely necessary to those doing neurological work, for whilst lacking to some extent the readibility of Starr's manual and the mental stimulating suggestiveness of Gowers' volumes, in time of need it is more likely to aid us than either. CHARLES MINOR COOPER.

**International Clinics,** Volume IV of the thirteenth series, by J. B. Lippincott Company, is now out. This volume is quite up to the standard of previous volumes, both in the matter of writers and papers. John H. Musser writes on the "Treatment of Pneumococcic Infection of the Lung"; Louis Julien discusses the "Subcutaneous Injections of Mercury for Syphilis"; Andrew Duncan writes of "Tropical Dysentery." "The Radical Cure of Prostatic Hypertrophy" is the topic of J. Albaran, and there are numerous other articles of value.

**A First Book in Organic Evolution.** By D. Kerfoot Shute. Open Court Publishing Co. "This little book has been written chiefly for the use of students in the Medical Department of the Columbian University. It is designed to serve only as an introduction to the study and development theory, and the subject has been presented, it is hoped, in a manner that will render it interesting and easily intelligible to the general reader." The book is divided into seven parts or sections: Organic cells—the visible units of life; Heredity with variation; Unstable environment; Transmutation of living forms; Natural selection; Evolution of man; Classification of animals and plants. Illustrations, many of them splendidly colored, are sufficiently plentiful to accentuate the points made by the author, and are so well done that they add greatly to the value as well as the appearance of the book. "On the theory that men in bygone ages were closely allied to simian creatures in habit as well as in structure; that they led an arboreal life; and that, like the baby-monkeys today, the baby-men of other ages clung to their mothers as they climbed among the trees, Dr. Louis Robinson predicted that a baby's power for grasping would likely be found to equal that of a young monkey which had reached a corresponding period of growth." Dr. Robinson made experiments upon some sixty babies from one hour to four days after birth, and found that in every case this grasping power was

shown to exist. The babies could hang on for from ten seconds to a minute. The illustration (here reproduced through the courtesy of the Open Court Co.) shows one of Dr. Robinson's experiments. The whole posture of these babies is strikingly simian.

**Illustrated Dictionary of Medicine, Biology and Allied Sciences,** by George M. Gould, A. M., M. D. A reliable medical dictionary is as essential to the studious physician as a good English dictionary is to the student of general literature. Dr. Gould's fills the requirement as to reliability, and in addition to that is wide in its scope. Not only are the pronunciation, accentuation, derivation and definition given of terms used in medicine, but there are included those used in the various sciences closely allied to medicine. The fifth edition of this important and valuable work has been issued, with corrections and additions of words which have come into use during the period between 1895, when the fourth edition was issued, and the present. The work is liberally illustrated and contains many tables of exceeding value for reference. As an indication of the great popularity of Gould's dictionaries, the publishers announce that 145,000 copies have been sold. Price in full sheep, with thumb index, $11; also students' edition, $2.50; pocket lexicon, $1.00. Philadelphia: P. Blakiston's Son & Co.

**The Principles of Bacteriology.** By Ferdinand Hueppe; Authorized translation by E. O. Jordan. Open Court Publishing Co. In 1895 the author wrote in the preface to this work, the following: "Bacteriology is just now in transition from the natural history stage to the scientific. The former aspect is adequately treated in some good and comprehensive manuals which attempt to bring together all the available data, and there exist also some good short text-books which contain, in addition to an exposition of methods, the more important facts of the subject set forth with especial view to the needs of the physician. * * * In this book I wish to present an attempt at a critical and comprehensive exposition of bacteriology, basing it clearly and solidly upon scientific conceptions." The author seems to have aided materially in hastening the transition stage, and in moving bacteriology into the domain of science. The book is well gotten out and illustrated.

**The Self Cure of Consumption Without Medicine,** by Chas. H. Stanley Davis, comes from the press of E. B. Treat & Co., and sells for the modest sum of 50 cents. This little volume is an excellent one to place in the hands of the tubercular patient who has enough intelligence to carefully consider his own case, his own chances of recovery, and the proper things he had best do to take care of himself. It is written in a quiet, dignified manner and ought to meet with a friendly and cordial reception from the medical profession. The work of the out-door sanatoria in the East is discussed in a dispassionate tone, but one that is very convincing. The book ought not only to sell well, but it ought also to do considerable good when placed in the right hands.

**The American Journal of Obstetrics** for March contains two interesting papers on the subject of extra-uterine pregnancy. One is by F. F. Simpson, recounting a case of combined intra- and extra-uterine pregnancy, and the other is by Henry D. Ingraham, reporting twelve cases of extra-uterine gestation. Accompanying the article by Simpson is a table which seems to have been compiled with great care and includes all the reported occurrences of this very unusual complication, 113 in all.

**The Blues (Splanchnic Neurasthenia) Causes and Cure,** by Albert Abrams. E. B. Treat & Co., New York, $1.50. With a frontispiece showing the author's profile. It is difficult to determine, from the preface, whether this book is intended for the professional man or the lay reader and prospective patient. As the book seems to be extensively advertised and written up in lay publications, however, it is probably intended for the latter class.

**The Complete Medical Pocket-Formulary and Physicians' Vademecum,** third edition, is issued by the J. B. Lippincott Co., price $1.75. This oblong volume contains 2595 prescriptions and several blank pages for additions, as well as other matter of more or less constant value. The arrangement, alphabetically by diseases, or diseases alphabetically, is a good one and reference is easy.

**Transactions of the Medical Society of the State of New Jersey,** 1903. Some of the papers contained in this volume are the following: Cantwell's Operation for Complete Epispadia; Infantile Colic; Mosquitoes and Malaria, by J. J. Kinyoun; Malformations of the Female Generative Organs; Extensive Fracture of Skull; Excision of the Scapula; Vaccination.

(Why not publish a journal?—Ed.)

**Some Ancient Pharmacists.** By Prof. C. S. N. Hallberg. Reprinted from the *Western Druggist.* This is an exceedingly interesting pamphlet on the early history of pharmacy, which, at that time, meant medicine, for the practice of pharmacy was the forerunner of medicine and of the natural sciences.

**Three cases of appendicitis** in which the patient was operated upon during pregnancy, are reported by Monod (*Compt. Rend. de la Soc. d'Obst., T. V. 1903*). The operation did not disturb the course of the pregnancy, nor did the latter seem to affect the operation at all.

**Experiments on the Metabolism of Matter and Energy in the Human Body,** by W. O. Atwater and F. G. Benedict, is an exceedingly valuable monograph on the subject published by the Department of Agriculture. Exhaustive experiments have been made and a mass of data is here recorded.

**Gardens of Medicinal Plants.** By Prof. Albert Schneider, of the Department of Pharmacy, Univ. of Calif. An excellent article on this subject, published in the *Am. Jour. of Pharmacy,* Philadelphia, January, 1904.

**Are We to Have a United Medical Profession?** by Chas. S. Mack, La Porte, Indiana.

*Similia Similibus Curantur* is the motto of this pamphlet.

**Varicella Gangrenosa.** Its apparent frequent association with tuberculosis. By William A. Edwards, M. D., Coronado. Reprint from the *Archives of Pediatrics.*

The March issue of the *Colorado Medical Journal* is devoted to "Pulmonary Tuberculosis" as a special number, about double the size of the regular issues. The list of contributors comprises physicians from various parts of the United States, California being represented by Dr. F. M. Pottenger of Los Angeles, Dr. George E. Abbott of Pasadena and Dr. Albert Abrams of San Francisco. The publishers announce that no free sample copies of this special number will be furnished.

"Uncinariasis in Porto Rico," by Drs. Ashford and King, appears in the *New Orleans Medical and Surgical Journal* for March. It seems to be an excellent and exhaustive essay on the subject.

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## PERSONALS.

Dr. R. V. Day has been appointed City Chemist of Los Angeles.

Dr. Samuel Latta was recently elected president of the Stockton Board of Health.

Dr. Frank Zelinsby has moved from St. Helena, Napa County, to Los Angeles.

Dr. J. L. Carson of Bakersfield has lost his sense of smell through the use of formalin vapor for disinfecting.

Dr. Charlotte Blake Brown of San Francisco has retired from practice. Dr. Brown received her certificate in 1876 and has been a member of the State and County Societies since that year.

Changes of address, San Francisco: Dr. Carlo G. G. Scraparone, 447 Broadway to 309 Montgomery ave.; Dr. John Wagner, 483 Valencia to 2049 Mission; Dr. W. G. Moore, 751 Sutter to 711 Taylor; Dr. W. N. Crothers, 813 Sutter to 819 Market; Dr. McC. Gedge, 406 Sutter to 369 Sutter; Dr. R. A. McLean, 146 Sutter to 2156 Sutter; Dr. A. U. Fuson, 2484 Mission to 2255 Mission; Dr. G. F. Shiels, 135 Geary to 590 Sutter.

## SUMMARY OF PROSECUTIONS BY THE STATE BOARD OF MEDICAL EXAMINERS, UP TO MARCH 21ST, 1904.

The following table has been carefully prepared by the Board of Examiners and represents their work along these lines during the past year. There are many instances where illegal practitioners have been weeded out of communities largely through the aid and assistance of the Board, but as no prosecutions were had, they are not here included. A very recent instance of this is the case of Dr. Teaby, who studied three years at the Medical Department, University of California, and graduated from the Col. of P. and S., San Francisco. He did not take the examination before the Board, but opened an office in San Francisco. He left here some time ago. Quite recently he appeared at Monterey, opened an office, joined a few fraternal orders, (in order to get the small money they pay for this "beneficial" starvation business) and settled down in another community. But Monterey county now has a good lively society, and its members are awake to the necessities of present conditions. Dr. Deckelman wrote to the JOURNAL asking how about Dr. Teaby. The letter was referred to the President of the Board, who at once notified Dr. Deckelman. Dr. Teaby has again gone out of practice. There are many other instances. They just go to show what you can do, if you will try. Why not try? Isn't it just as well to get together and keep the inefficient from possibly allowing some sick people to die before their time? With a good, healthy organization, and with someone keeping a wide-open eye on these gentry, we can, in time, clean up the whole state. But we need your help.

| Name. | College. | Verdict. | Sentence. | Remarks. |
|---|---|---|---|---|
| Dr. Hoekstra | Holland | Guilty | $100 fine, paid | Retired from practice and promised to take next examination. |
| Dr. Hoekstra | Holland | Guilty | To be sentenced | Resumed practice; rearrested. |
| Dr. (?) Chobanian | Armenia | Guilty | To be sentenced | Retired from practice. |
| Dr. Galehouse | P. & S., San Francisco | Guilty | $100 fine, unpaid | Subsequently passed examination. |
| Dr. E. H. Anthony | P. & S., San Francisco | Guilty | Sentence suspended. | Was dismissed from position, surgeon P. C. S. S. Co. |
| Dr. Julian L. Waller | P. & S., San Francisco | Guilty | Sentence suspended. | Patient was examined by defendant and given a prescription and office card. A licensed woman physician testified to having diagnosed the case as the patient passed through defendant's drug store, inferring that defendant was only compounder of prescriptions. The trial judge called this a "bird's-eye diagnosis." Hg and KI given for insomnia. |
| Dr. J. P. Martin | Cal. Med. College | Guilty | To be sentenced | Convicted on second trial by jury; rearrested; case to be set; now in Nevada. |
| Dr. Gerow | Cal. Med. College | | | Defendant compelled to leave Fresno by vigorous prosecution by County Society; now located in Oakland; to be set. |
| Dr. G. Greenwell | Student Cal. Med. Col. | To be set | | On card given to patients the prefix "Dr." he claims to refer to "doctor of divinity!" |
| W. J. Loveland | Student | Guilty | $100 fine, paid. | Ceased all professional work. |
| Mrs. Ladet | "Skin Specialist" | Guilty | Sentence suspended. | Defendant compelled to remove signs and discontinue all work. |
| Dr. (?) Hymans | (?) | To be set | | Closed his office; now in real estate business. |
| Dr. Max Magnus | P. & S., Chicago | To be set | | Disqualified as inspecting physician, City Health Department. |
| Dr. George Herbein | Jefferson | | | Arrested twice; cases to be set. |
| C. W. von Tiedemann | (?) | | | Three warrants for arrest; one served; to be set. |
| Gerino | (?) | | | Three arrests; various writs from Supreme Court cause delay. |
| Dr. L. Gardini | Italy | | | Arrested four times; cases to be set; now located in Nevada. |
| Dr. Cassaccia | Italy | | | Left for Nevada after arrest. |
| Alvin A. Shaw | Northwestern, Chicago | To be set | | |
| C. C. Chappelle | Homeopathic, S. F. | | | Left for Nevada. |
| "Prof." Synopolis | Itinerant | To be set | | |

**Proper Commercialism**—Physicians, in estimating the money value of their services, should take into consideration the daily and yearly cost of living, to which must be added the interest on the money invested in their education, plus the value of the experience gained year by year in the practice of their profession, and the moral and legal responsibilities involved in the services rendered. Too much stress cannot be laid on the importance of keeping proper accounts and rendering bills to all patients at short and regular intervals, and the sooner these things are generally recognized by the members of the profession the better it will be for all concerned.—*N. Y. State Journal of Med.*

**Choice specimens of**—it is hard to say whether you would call it "language" or "literature"—you certainly could not call it English—were developed during the taking of expert testimony in a celebrated trial not long since. We have not space for them all, unfortunately, but at least one is too good to be unpreserved. An eminent practitioner of medicine declared, without hesitancy, that the prisoner was, in his opinion, afflicted with "maniacal monomania." The incident reminds one of the old supreme court judge who said there were three kinds of liars: The liar, the d— liar and the expert witness.

## ASEPSIS; ESPECIALLY IN THE PRACTICE OF OBSTETRICS.

(Continued from page 125.)

use. I refer to the innumerable experiments on the relative purity of city and country atmosphere. The results both in this country and in Europe have been absolutely uniform; where sterile culture media have been exposed to city air or city dust and incubated at proper temperature, the culture plates show numerous colonies of both pathogenic and non-pathogenic bacteria. The results of like experiments carried on by the same men have been equally uniform and conclusive, when made with the air and dust of country places; practically no bacterial life resulted, even after prolonged exposure of the culture plates, and such as did result were almost without exception of non-pathogenic varieties. The meaning of these results, I think, must be clear to you all, but lest I have failed to express myself clearly, I will put it in another way by saying that we are continually surrounded by a practically sterile medium.

The second factor in rendering us free from the annoyances of attempting complete asepsis in our practice is the greater immunity to bacterial infection of country people, living as they do under more healthful, natural conditions than offered to those who dwell in the city, and hence whose vitality is depressed by breathing air laden with poisonous gases, the foul impurities given off in the breath of thousands of fellow creatures, and whose atmosphere reeks with innumerable bacteria, as we have just seen proven by investigation.

If you will but stop a moment to think, you will realize how true this is, for does not the best talent in our great cities send patients with serious bacterial infection as, for example, tuberculosis, to the country as soon as possible, that they may have the benefit of the vitalizing effect of the country air? Added to these unphysiologic conditions, undermining the resistive immunity of our city brother's patients, are the not less depressing influences of social surroundings and the indulgences which they enjoy—and suffer from. Further, in the country we are continually bathed in bright sunlight, which is so rapidly fatal to bacterial life of all kinds that antiseptics and aseptics are uncalled for, as has been repeatedly demonstrated by the immortal Pasteur and a host of less noted investigators.

But now I think I hear you object that sick people do not show this immunity in common with the well in the country, and while it must be granted that their surroundings are not so menacing as those of their city cousins, yet, should infection unexpectedly occur, they will offer no greater resistance. Quite possible; it is not my desire to defend my theories, at this time, as applying to our sick in general; my arguments are at present to be confined, as suggested in the title, "especially to the practice of obstetrics."

Here we are, or should be, if we have been properly careful in preparing our patient for the advent of her child, dealing very generally with a person not sick, but simply undergoing a natural physiological event, and quite as resistive, so far as her general condition goes, to bacterial infection as any other healthy person. It is true that should it become necessary to enter a foreign substance, as the hand or an instrument, within the reproductive canal, we are trespassing on ground especially open to insult, and as such should observe reasonable care that we do not introduce dirt, which might, even in our usual clean surroundings, prove a source of infection. But I take it this care need not be of the nature of an elaborate asepsis as is advised in our modern journals and up-to-date text-books, or is practiced by our city brothers. Aside from any danger of bacterial infection, to be clean in clothes, in person and in habits, is a duty that every one of us owes to our patients, and no physician ought to be allowed to practice the healing art who does not give proper attention in that respect.

By reasonable care I mean that it is quite sufficient if it amounts to careful cleanliness, freeing the hands from material which one would not care to introduce from simple consideration of cleanliness aside from all bacteriological reasons. To this end I believe that boiling the instruments sufficiently to clean them, and thoroughly scrubbing the hands with soap and water, followed by alcohol to dissolve any remaining oily matter secreted by the ducts of the skin, is entirely sufficient and is always easily possible. Following this I am in the habit of using soap and water as a lubricant for the fingers, preferring it to oil or vaseline. This, with reasonable cleanliness of person and surroundings on the part of the patient, will invariably lead to successful results in country practice.

It will be seen by what has just been said that I do not in any way discredit a reasonable attention to asepsis, such as may be done by any one, anywhere, but what I do wish to have made clear is that the endless scrubbing, compressing, soaking in antiseptics, douching and the formidable array of antiseptic pack, gauzes and environment indulged in, and perhaps necessary in city practice and recommended in all books and articles, are uncalled for and absolutely unneeded in our practice and surroundings where fresh air and sunshine have removed from our shoulders the burden of sterilizing, in the words of the poet, "everything in sight and some things usually out of sight."

DISCUSSION:

Dr. Stoddard—The paper which the doctor has just read is exceedingly interesting, but I cannot agree with him in every particular. The longer I practice the more firmly I am convinced of the absolute necessity for the most rigid asepsis in the lying-in chamber. It is my custom to use antiseptic vaginal douches of mercury bichlorid or lysol before and after delivery in each and every case. If there is any evidence of infection I use the intra-uterine douche.

Dr. Flint—It is my experience that the obstetric patient in the country requires just as much care and attention as her sister in the city.

Dr. Cunnane—It is my habit to practice absolute cleanliness so far as it may be attained by the use of soap and water, and the use of douches of normal salt solution before and after delivery. An experience of two non-fatal cases of poisoning after the use of I to 5000 bichlorid douches has made me cautious in the selection of intra-vaginal douches after a confinement.

Dr. Vaughan—When I visited Europe the last time the use of antiseptics was not so popular in obstetric work as a few years before.

Dr. Conrad—Reports indicate that bichlorid is not so good an antiseptic or germicide as was formerly supposed, and is not perfectly free from danger in obstetric cases.

Dr. Barry—I practice cleanliness, but do not use antiseptics to any extent in midwifery cases; where an antiseptic is necessary, I prefer a ½% carbolic acid douche.

Dr. Morrey—I do not use douches after confinements because I believe it interferes with the natural discharges.

Dr. Graham said he had waited on several hundred cases during the past twenty years, some of which were under the most discouraging circumstances, without a single death from sepsis in patients that he had control of from the commencement of labor.

## BILL TO REGULATE "PATENT MEDICINES."

A bill has recently been introduced in the Legislature of Massachusetts providing for the regulation of the nostrum business. This proposed measure requires that the formula of the "patent" medicine be printed on the label of each container, and provides a fine of fifty cents for each original package not so labeled. Only extracts from the proposed law have thus far reached us, but it seems to offer some excellent suggestions. Of course the law should be so constructed as to omit physicians' prescriptions, but, with that exception, it would seem desirable to compel all manufacturers of anything intended to be used as medicine, in its broad sense, (any substances employed in the treatment of disease), to advertise just what the so-called medicine is composed of. That such a requirement will be bitterly fought by the enormous interests invested in the trade of debauching humanity, is certain. But with a good strong organization could not the weight of this influence be offset? It certainly would seem almost time to begin the effort, for it will doubtless take a good deal of time to put it through. Perhaps it will require the taking of a considerable amount of the excellent advise given recently by Dr. Chas. A. L. Reed, in his address on the "Doctor in Politics." If our Representatives in the State Legislature are at first bought up by the nostrum crowd, it would then be the proper time for physicians to get interested in politics and see that men were nominated for the Legislature who would pledge themselves not to be bought—at least not to be bought by the nostrum manufacturers. Such a campaign could be successful, if well planned and energetically carried out. For a cause so good and a principle so right, it is not believeable that any physician in the Society would refuse to work, if not called upon to give up too much time.

## EDITORIAL PAGES, AND "ADS."

Certain medical journals have been discussing of late the best method of excludng from their pages articles bearing the semblance of having been written by physicians in the interest of manufacturers and importers of proprietary medicines. These journals appeal to medical men to help them. Here is a quotation from an editorial in a recent number of the *New York Medical Journal*: "Meetings of even the most dignified of our societies have at times not wholly escaped the suspicion of having been exploited by the touters for some medicinal or dietetic preparation, and it is certain that papers are often read before them which a reputable medical journal would hesitate to publish." Truly, a deplorable state of affairs. We ought to come to the aid of these reputable journals by tabooing any of our members guilty of such unprofessional conduct as is charged, and we should help these journals still further with the kindly advice that they do not hereafter allow nearly every column of their advertising pages to be taken up with advertisements of proprietary and patent medicines. If it is not right to mention these remedies in the scientific and editorial columns, what makes it right to mention them in any other part of the journals? Can it be the same thing that induces certain hungry physicians to write articles for the wealthy manufacturers? Who are these manufacturers of proprietary remedies that they presume to burden our mails with circulars giving us instructions how to treat our patients? Do they employ a Brunton or an Osler, a Hare or a Behring?—(*Purdy in New York State Journal of Medicine.*)

**"Surgical English"** is always a delight—when it is not an agony—and generally it adds a pleasurable feeling of variety to the ordinary routine of medical discourse. The JOURNAL has noted a few bright gems from the treasury of the surgist (Why not? *They* say "internist"!) and will gladly note others as they come to light. Latest reports on "operated a case of ———" are good; they show a rather increased usage. A small jewel, though worthy of notice, is "profuse bad drainage"; we are stumped; what does it mean? Another choice specimen is to be recorded, and, would you believe it, is printed in beautiful gold letters on a medical work! It reads: "Complete Medical Pocket Formulary." While the male pocket is numerous, it is not complex—or at least it has not occurred to us that it could need a formulary. Perhaps this is meant for the uncommon but highly complex female pocket.

## DIED.

It is with sincere sorrow that the JOURNAL announces the death of Dr. Louis A. Kengla, editor of the *Occidental Medical Times*. Dr. Kengla had suffered with an affection of the heart for some time and had been for several weeks confined to his bed. His death on Saturday, March 26th, while not wholly unexpected, will come as a shock to the profession of the Coast, who held him in the highest esteem. Dr. Kengla was president of the San Francisco County Medical Society last year and had been secretary of the California Academy of Medicine for several years. He was a native of Washington, D. C., and a graduate of the Medical Department of the University of Georgetown, D. C., '86. His funeral took place from St. Mary's Cathedral on Monday, March 28th. Rest his soul in peace.

# DEPARTMENT OF MATERIA MEDICA, THERAPEUTICS AND PHARMACY.

## SYNONYMS.

**"Things which are equal to the same thing, are equal to each other."**—*Axiom No. 1, p. 19 Davies' Legendre, Edition 1860.*

**Few physicians know that many of the "new remedies" marketed under fanciful trade names are identical with remedies having dissimilar names, or are old preparations which have been given fancy names in order to create a false market for the thing in question. For the benefit of physicians and pharmacists the following table has been compiled and will be added to as the requisite information is obtained. The information is secured from chemists and from medical and pharmaceutical journals, and is correct in the main. Should any errors creep in they will be corrected as soon as detected.** ***Until sufficient evidence to the contrary is forthcoming, it must be assumed that there is no question of substitution involved when the pharmacist supplies a given article under any one of its synonymous names.***

| | |
|---|---|
| **Adeps lane hydrosus** | Anasalpin<br>Lanolin<br>Lanum |
| **Argentum Colloidale** | Argentum Crede<br>Collargol<br>Colloidal silver |
| **Beta-naphthol benzoate** | Benzo-naphthol<br>Benzoyl-beta-naphthol |
| **Beta-naphthol Salicylate** | Betol<br>Naphtalol<br>Naphthosalol<br>Salinaptol |
| **Bromacetanilid** | Antisepsin<br>Asepsin |
| **Bismuth-Iodo-subgallate** | Airol<br>Airogen<br>Airoform |
| **Calcium beta-naphthol sulphonate** | Abrastol<br>Asaprol |
| **Creosote Tannate** | Creosal<br>Tannosal |
| **Dimethyl - ethyl - carbinol chloral** | Dormiol<br>Amylene-chloral |
| **Dithymol Diiodid** | Aristol<br>Annidalin<br>Di Thymol Iodid<br>Di Iodo Dithymol<br>(And several other similar names.) |
| **Ethyl chlorid** | Antidolorin<br>Ethylol<br>Kelene<br>Mono-chlor-ethane |
| **Hexamethylene-tetramine** | Aminoform<br>Ammoni o-formaldehyde<br>Cystamine<br>Cystogen<br>Formin<br>Saliformin<br>Urotropin |
| **", anhydromethylen citrate** | Helmitol |
| **Levulose** | Diabetin<br>Fructose<br>Fruit Sugar |
| **Ortho - ethoxy - ana - mono - benzoyl-amido-chinolin** | *Benzanalgene<br>*Analgen<br>*Quinalgen |
| **Paraphenetin carbamid** | Dulcin<br>Sucrol |
| **Phenyl-dimethyl-parazolon** (Germ. Pharm.) | Analgesin<br>Anodynin<br>Antipyrin<br>Dimethyloxy-quinizin<br>Methozan<br>Phenazon (B. P.)<br>Phenylon<br>Pyrazin<br>Pyrazolin<br>Parodyn<br>Salazolon<br>Sedatin |
| **Phenylacetamide** | Acetanilid<br>Antifebrin<br>(And several hundreds of trade names for headache powders, etc.) |
| **Phenylmethyl-ketone** | Acetophenone<br>Hypnone |
| **Plant pepsin** | Papain<br>Papoid<br>Papayotin<br>Caroid |
| **Salicylic acid ester of quinine** | Salochinin<br>Saloquinin |
| **Salicylate of Salochinin** | Rheumatin |
| **Sodium sulpho-caffeate** | Nasrol<br>Symphoral |
| **Thyroid gland, dried lactose trituration** | Iodothyrine<br>Thyroidin |
| **Trioxymethylen** | Paraformaldehyde<br>Paraform<br>Triformol |

**Abrin = Jequiritin**
**Acetyl-salicylic acid = Aspirin**
**Aluminum aceto-tartrate = Alsol**
**Australian oil Eucalyptus = Flucol**
**Bismuth chrysophanat = Dermol**
**Bismuth phosphate (soluble) = Bisol**
**Bismuth pyrogallate = Helcosol**
**Bismuth subgallate = Dermatol**
**Bismuth beta-naptholate = Orphol**
**Calcium permanganate = Acerdol**
**Calcium salicylate = Colchicin**
**Catarin hydrochlorid = Stypticin**
**Chloreton, 1% solution = Aneson**
**Creosote carbonat = Creosotal**
**Diethylen-diamin = Piperazin**
**Dimethyl-xanthine = Theobromine**
**Guaiacol carbonate = Duotal**
**Laricinic Acid = Agaricin**
**Magnesium dioxid = Biogen**
**Oxyquinaseptol = Diaphtherin**
**Phenyl-ethyl urethan = Euphorin**
**Saccharin = Garanotose**
**Subgallate of bismuth = Dermatol**
**Sodium chlorate = Oxychlorine**
**Sodium beta-naptholate = Microcidin**
**Tang-Kui, Fl. extract = Eumenol**
**Trichloracetic acid, 50% solution = Acetocaustic**

*Must be very cautiously used, if at all, for the physiologic action is not fully known, and this chemical is said to have very serious effect upon the heart and nervous system.

## ROSTER OF THE MEDICAL OFFICERS ON DUTY IN DEPARTMENT OF CALIFORNIA.

HEADQUARTERS—Colonel A. C. Girard; First Lieut. John D. Yost; privates, 3; non-commissioned officers, 5.

ALCATRAZ ISLAND—Captain A. E. Truby; Contract-Surgeon S. T. Weirick; privates, 12; non-commissioned officers, 2.

FORT BAKER—First Lieut. Louis Brechemin Jr.; privates, 8; non-commissioned officers, 2.

FORT MASON—First Lieut. Charles W. Farr; privates, 6; non-commissioned officer, 1.

DISCHARGE CAMP—Contract-Surgeon J. S. Kennedy; privates, 7; non-commissioned officers, 2.

FORT M'DOWELL—First Lieut. W. J. Lyster; Contract-Surgeon G. I. Hogue; privates, 10; non-commissioned officer, 1.

BENICIA BARRACKS—Contract-Surgeon W. F. de Niedman; privates, 6, non-commissioned officer, 1.

SAN DIEGO BARRACKS—Major W. L. Kneedler; privates, 7; non-commissioned officers, 2.

FORT MILEY—Contract-Surgeon Victor E. Watkins; privates, 6; non-commissioned officer, 1.

HONOLULU—Major W. B. Davis; Contract-Surgeon C. L. Baker; privates 10; non-commissioned officers, 3.

ORD BARRACKS—Major W. P. Kendall; Captain Irving W. Rand; First Lieut. Frank C. Baker; Contract-Surgeon F. H. Titus; privates, 17; non-commissioned officers, 3.

PRESIDIO (POST)—Major William Stephenson; First Lieut. E. P. Rockhill; Contract-Surgeon H. N. Kierulff. Dental Surgeons—C. D. S., John S. Marshall; C. D. S., E. J. Craig; C. D. S., Frank P. Stone. Privates, 24; non-commissioned officers, 10.

GENERAL HOSPITAL—Lieut.-Col. George H. Torney; Captain J. M. Kennedy; First Lieut. Junius C. Gregory; First Lieut. T. L. Rhoads; First Lieut. E. D. Shortlidge; First Lieut. B. J. Edgar Jr. (on D. S. with insane); First Lieut. Chas. F. Craig; First Lieut. J. L. Sheperd; First Lieut. John H. Allen; Contract-Surgeon L. B. Porter; Contract-Surgeon T. J. Strong; Contract-Surgeon G. P. Dillon; privates 136; non-commissioned officers, 18.

TRANSPORTS—Logan—Lieut. W. T. Davis (on l. of a.); privates, 4; non-commissioned officer, 1. Sheridan—Lieut. John W. Hanner; Lieut. Alexander Murray; privates, 4; non-commissioned officer, 1. Sherman—Lieut. Cary A. Snoddy; privates, 4; non-commissioned officer, 1. Kilpatrick—Contract-Surgeon J. P. Kelly; privates, 4; non-commissioned officer, 1. Dix—Contract-Surgeon James B. Ferguson; privates, 2. Buford—Contract-Surgeon Stephen Wythe; privates, 4; non-commissioned officer, 1. Thomas—Lieut. W. A. Powell; privates, 4; non-commissioned officer, 1. Sumner—Lieut. Thomas Devereux; privates, 4; non-commissioned officer, 1.

COMPANY OF INSTRUCTION (No. 2.)—First Lieut. W. J. Lyster; privates, 110; non-commissioned officers, 14.

The following changes have occurred in the stations of medical officers of the Army in this Department:

First Lieut. Carroll D. Buck, assistant surgeon, arrived from the Philippines on the transport Thomas on March 13, and has been assigned to duty with the Philippine Scouts for a tour of duty at St. Louis, Mo. Contract-Surgeons Ira A. Allen, Almon P. Goff, and James M. Feeney, returned from the Philippines on leave of absence. Contract-Surgeon Mills Dennis returned from the Philippines and accompanied the 11th Infantry to Ft. D. A. Russell, Wyo., and then proceeded to his home, Temple, Texas, for annulment of contract. Contract-Surgeon B. P. Norvell arrived from the Philippines for annulment of contract and is assigned to duty with the Philippine Scouts. Contract-Surgeon Titus was relieved from duty at Ord Barracks, Monterey, and is now on duty with troops at the Presidio.

Brigadier-General W. H. Forwood, retired, who was formerly Surgeon-General of the Army, spent a few days in San Francisco during the past month. General Forwood came to California for his health, which was completely restored before he left town. He had many interesting things to say about Panama. He was the guest of Colonel A. C. Girard, Assistant Surgeon-General, Chief Surgeon of the Department.

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**Weeds Used in Medicine.**—The U. S. Department of Agriculture has just issued Farmers' Bulletin No. 188, entitled, "Weeds Used in Medicine." The bulletin was prepared by Alice Henkel, Assistant in Drug and Medicinal Plant Investigations, Botanical Investigations and Experiments, Bureau of Plant Industry.

Attention is called to the fact that certain well-known weeds now either generally or locally infesting the country are the sources of crude drugs at the present time obtained wholly or in part by importation from abroad. Roots, leaves, and flowers of several of the species most detrimental in the United States are gathered, prepared, and cured in Europe and not only form useful commodities there, but supply to a considerable extent the demands of foreign lands. Hence it appears probable that while weeds can hardly be made desirable, still in his fight to exterminate them the farmer may be able to turn some of them to account. Some of the plants coming within this class are in many States at present subject to antiweed laws, and farmers are required to take measures toward their extermination. It seems, therefore, desirable to make these pests sources of profit where possible.

The prices paid for crude drugs from these sources are not great and would rarely tempt anyone to pursue this line of work as a business. Yet, if in ridding the farm of weeds, and thus raising the value of the land, the farmer can at the same time make these pests the source of a small income instead of a dead loss, something is gained.

In order to help the farmers to obtain the best possible results for such products, instructions for collecting and preparing crude drugs from weeds are briefly given.

The plants mentioned in the bulletin are burdock, dandelion, the docks, couch grass, and pokeweed (principally root drugs); foxglove, mullein, lobelia, tansy, gum plant, scaly grindelia, boneset, catnip, hoarhound, yarrow, fleabane, blessed thistle, jimson weed, and poison hemlock (of which either the leaves, flowers, herb, or seeds are used in medicine); and also wormseed, and black and white mustards, of which only the seeds are used.

The bulletin contains 31 illustrations of the weeds described. It is for free distribution and can be obtained on application to Senators, Representatives, and Delegates in Congress, or to the Secretary of Agriculture, Washington, D. C.

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It is reported that the number of suicides in Chicago is steadily increasing. During last year 459 are reported, of which number 239 were married people. So many as 169 chose to depart by the carbolic-acid route, and while it is not difficult to account for a large number of suicides in Chicago, it remains a mystery why so many of them choose carbolic acid; perhaps it is not so worse as Chicago.